Estates opportunities for ICSs – the foundations for health and wellbeing in place

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BLOG

The latest in GGI's series of webinars looking at some of the big themes of integrated care focused on estates opportunities for integrated care systems.

The three guest speakers at GGI's latest webinar exploring the new world of integrated care each offered a perspective from different points in the world of estates.

Nicola Theron, Director of Estates, North London CCG, offered a viewpoint from an integrated care board. Dr Mark Gaffney, a GP and senior partner and medical director of Victoria Medical Centre, and clinical director of Victoria PCN in Eastbourne, shared some of the lessons learned during the merging of four general practices into a new purpose-built medical centre. And Tony Cook, director of Primary Health Properties (PHP), a specialist long-term investor in primary care premises for more than 25 years, offered a view from the commercial sector.

Nicola spoke about the three big drivers that she sees playing out as the integrated care model is adopted, offering examples of each from North London. The three drivers are: ensuring there is a strategic plan, remaining focused on priorities, and the benefits of collaboration.

The example she offered for the first of these was the development of two community diagnostic centres (CDCs), one at Finchley Memorial Hospital in Barnet and the other at Wood Green Shopping City. Nicola said: "This plays to our priority of social equality and making sure the areas that suffered most from Covid are the areas we're addressing. We're looking at new ways of working – so using the host model, and using the ICB as a lever for change to meet our objectives. It's a good example of what place-based investment looks like, how we utilise capital that's coming available, how active and early investment has enabled us to get momentum rolling, and meeting the equality and ICB agendas."

Nicola also highlighted the process used to move projects from longlist to shortlist, going through an initial sift, a clinical sift, then a detailed sift to make sure they have projects that are 'oven ready'. She said: "The really important part is how we support the principles of investing in primary care – how do we get primary and community care an integral part of our capital allocation process? And how do we know that projects are robust and can deliver not just better quality of space but also achieving the benefits around patient outcomes?"

Nicola's third example, to illustrate the importance of collaboration, was a community integration programme designed to get more than one million patients through assets, to reduce voids to 10%, and to partner with CHP to support local integration. She said: "We've really focused on how we can address legacy issues, but also, really importantly, how we work with CHP. Part of that is by delivering a much more blended estates and digital spend."

She concluded: "Estates and capital planning has come up the agenda and is seen by many as a tool to deliver ICS priorities. My challenge is to keep it there. Primary and community estate delivery is seen by many as an integral part of

ICB planning. There are many challenges, and we must ensure we have the right advocates in place. We need to develop prioritised pipelines that are affordable and deliverable and which include both projects and focused programmes. We can't do any of this without collaboration and partnership working, which are core to this delivery."

Lessons from the Victoria Medical Centre

Dr Gafney was offering his views just eight months after the new medical centre opened. He said: "It's quite a challenge merging four practices. Each practice had its own issues. You need a transition company to bring all the parts together. Not being able to meet face to face due to the pandemic was a challenge. But the final product is fantastic and beautiful.

"You have to develop your teams. You're no longer a single little GP practice, you're a medium-sized business with 100 employees, so you need HR, heart of office, facilities, a PCN who operates out of the building, operations managers, an IT department, and a CEO to run the organisation.

"We're already full only eight months in. We set up a training academy, we have teams of pharmacists, pharmacy techs, paramedics, advanced nurse practitioners… and workflow teams doing all the hospital letters. Every part of the organisation is working together to make general practice a success.

"We've also moved from being reactive to proactive. For example, we have a social prescriber who rings the families of all our safeguarded children once a month to see if there's any support we can give. There are lots of things happening that would never have been possible in small spaces and the economies of scale are what drives it."

Multi-functional deliverers of health and care

Tony Cook said: "We see revenue funding as the principal means towards new development outside of capital. The underlying piece is the move to ICS and what that means for revenue investment. We think the powers under new legislation are very similar to that passed in 2012. ICSs will at some stage end up taking leases but we're not taking that for granted."

Tony shared details of four multi-million-pound systems projects, in Purfleet Essex, Coulsdon SW London, Hayes NW London, and New Aldington SW London.

He said: "What we're about is fundamentally the healthcare proposition. If the properties we develop and invest in are not significant in the healthcare landscape there's a real danger that they'll be seen as no longer required. So seeing these properties emerge as strongly supported multi-functional deliverers of health and care in a community is very important and a self-reinforcing argument in terms of the investment and development proposition."

The power of digital

Addressing the power of digital technology to inform decision-making, Mark said: "Getting an IT department has transformed digital for us. I have a mapping program that I can use to map patients down to the house level. An example of what we did with this was searching for families that don't have childhood vaccines – the good news is that there weren't any but it really showed what was possible.

Tony added: "There's an element of 'build it and they will come' to developments but there's necessarily a leap of faith from commissioners to commissioning built space at day one rather than a scalable build that can be added to later. So the more strength that can be got from patient projections and the more buy-in from the local authority the more certainty there will be in a project."

An exciting place

Closing the session, Tony said: "We're in an exciting place in the evolution of estate. The move to ICSs has a really obvious piece to move to far more flexible estate. Whether that's to a head lease to a trust with multiple services, whether it ultimately goes to an ICB, the most important part is with the unification of budgets in a system focused on healthcare outputs for people in a geography, doesn't that translate to how premises are commissioned and managed and offer far greater flexibility in service delivery under a head lease from a trust or an ICB.

"I think that's a really strong opportunity for people to allow users to get away from their own individual spaces and move to a shared model."

Mark added: "I think this is the future of general practice. We have to develop the premises on the basis of where we're delivering, and we have to integrate with all the services around us. I would go for the largest building you can possibly get away with because even though it feels enormous when you move in, very quickly the services you provide expand at an exponential rate and you're bringing in all sorts of other bits and pieces from the organisation and suddenly its humming and full."

Finally, Nicola said: "We need to be able to demonstrate that estates can enable the sort of change we've talked about today. We need to argue around capital and revenue headroom. We're all living in a world where there is not enough so we have to be able to show we can deliver the benefits that the investment offers. We need to be able to prioritise in terms of spend by year and in terms of revenue affordability.

"Collaboration's at the heart of it so we have to invest in making that sort of collaboration and change possible and that's in many ways what the NHS finds most challenging. This is our moment, and we need to optimise and use it in order to deliver the sort of changes and patient outcomes that sits at the heart of why we're here."

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