

# What next for the Primary Care Estate:

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**Challenges**

**What role does NHS Property Services have?**

**Policy and Progress**

**How can we move things on?**

# What are the challenges?

# Challenges to delivering estate

- Carter & Naylor reviews have raised the profile of estates as an enabler, however....
- Multiple complex stakeholders – often without estates expertise
- Lack of clarity re funding routes / options
- Affordability challenges – developer and end user ?
- Larger “hub” locations - multi disciplinary care, lack of clarity regarding demand
- Time to align and deliver
- Occupational flexibility vs length of lease commitment
- Focus at STP level...

# The role of NHS Property Services

# What is our role?

**We manage a large, mixed use estate delivering primary care services across England**

## **Our properties include:**

- 1800 health centres, GP surgeries and clinics
- 300 community hospitals
- Almost 450 offices
- Over 70 nursing/care homes



Health hubs



GP surgeries



Community hospitals



Health centres

# What have we delivered?

Made a significant contribution to the NHS in last 3 years, including reinvestment in the estate



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**£293.5m**

raised for the NHS through disposal of surplus assets



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**348**

properties sold since April 2013



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**4,773**

new homes developed through the release of surplus land



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**£292m**

capital investment in the estate



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**£201m**

reduction in operating costs



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**75,000**

helpdesk calls managed per month



# Our properties



Brentford Health Centre



Hawks Road Clinic



St Leonard's Hospital



Laindon Health Centre



Birches House



Wanstead Hospital



# Policy and progress

# Policy context

- FYFV, GPFV, NHS Long-term Plan
- New partnerships
- Radical upgrade in prevention and public health
- More care delivered locally
- Breaking down barriers
- Expand and strengthen primary and 'out of hospital care'
- Carter and Naylor reviews have raised the profile of estates as an infrastructure enabler
- Increased investment

# Delivery changing

- Alignment with patient priorities
- Drive for 24/7 provision/utilisation
- Federations / networks— wider service range
- More joined up care and care outside acute
- Shifting populations
- Social prescribing
- Medtech



# Technology and innovation

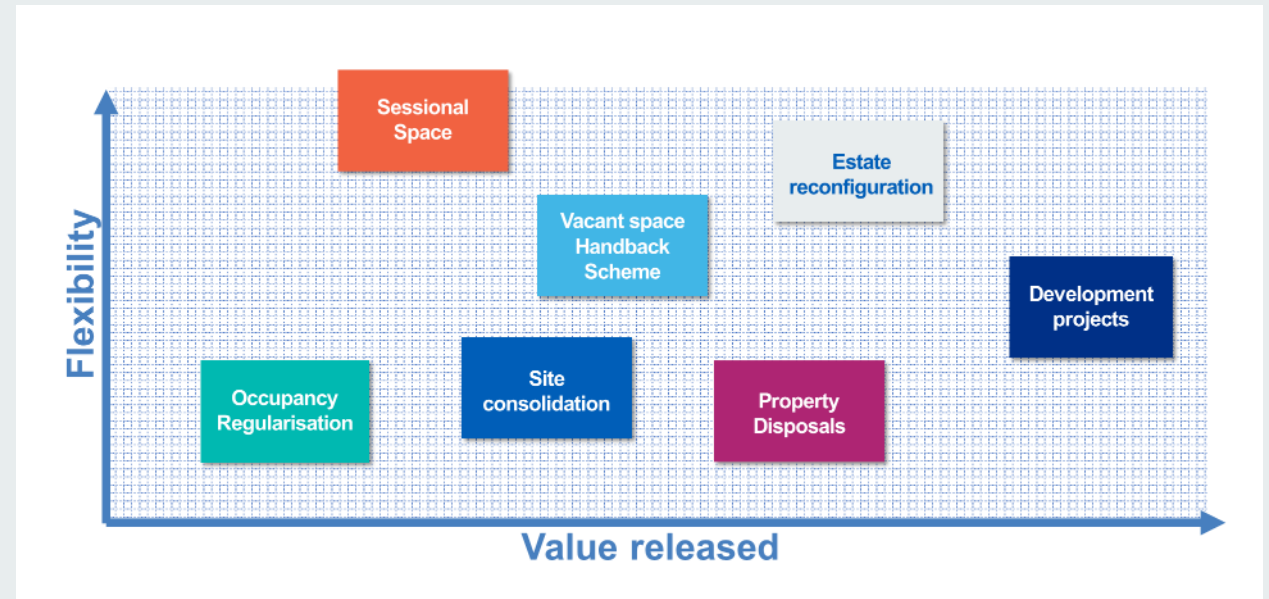
- Increasing use of apps to enable self management
- Predictive technology and screening
- Online GP services
- Merging of healthcare with other sectors....

# How can we move things on?

# Optimise first

Increase efficiency and reduce the reliance on building new facilities

- Capital remains constrained and major projects take time to deliver
- Need to optimise the existing estate where feasible
- Improve utilisation; use space differently
- Understand current estate (6-facet survey)



# Creating the right conditions

## Backing the right projects

- Transformation rather than BAU
- Joined up estate planning
- Aligned with STP footprint planning and priorities
- Service strategy well developed and agreed by partners
- Route to funding considered at early stage
- Affordable for commissioners and providers
- Collaborative engagement at all stages
- Projects that can be delivered



# Delivering at Scale

Delivering the scale of change needed across the NHS will need scalable delivery, managed through programmes

- Transferable project team skills
- Learn as we go and avoid repeating mistakes
- Improved benchmarking and certainty
- Procurement leverage
- PIRs/POEs
- Sharing of what good looks like: process, project KPIs and outcomes
- Collaboration across geographical and organisational boundaries

# Summary

Requirements for Primary Care estate are evolving

- Alignment with STP (and evolving Primary Care strategy) key
- Consider funding routes/constraints
- Understand affordability
- Existing estate first...
- Be honest with ourselves and System
- If it works, duplicate it !

***“ We need an estates and infrastructure strategy that supports the new provision of care that we want to bring about***

Simon Stevens, NHS England

***”***

# Q&A