



BIRMINGHAM EAST AND NORTH PRIMARY CARE TRUST

Strategic Service Development Plan (SSDP)

October 2008

To be reviewed October 2009

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Executive Summary

This Strategic Service Development Plan for Birmingham East and North Primary Care Trust (BEN PCT) reviews the health needs of the local population and sets out the priorities to meet these needs.

The plan responds to local drivers for change. It reflects the changing nature of commissioning and the impact this will have of provision of local facilities for primary and social care; bringing care closer to home.

Section 2 outlines the PCT demographics and health of the population; identifying the diversity and differences in age profile, culture, health and access to health services across the PCT. The section also summarises urban regeneration strategies of Birmingham City Council that will influence health outcomes.

Section 3 outlines the PCTs service priorities to modernise healthcare in the context of National, Strategic and Local drivers for change. It highlights the vision and commissioning intentions of the PCTs Primary Care Overarching Strategy, General Practice Strategy and Strategic Plan; drawing on these to form a plan for the development of supporting facilities. There is a strong focus on commissioning to meet local need and this plan will underpin Local Service Development Plans to provide more detailed information to identify gaps in estate and development of new schemes.

Section 4 sets out the need for change. An overview of the current state of PCT healthcare premises shows how the estate varies widely in terms of condition. In addition, some risks to service provision may arise where premises are leased or where there is an informal management agreement to house PCT staff in third party premises.

Developments in workforce skills and technologies require facilities that support these new ways of working. Also, where there are predicted risk to service through GP retirement then new, purpose-built facilities can support continuity of services to the local population and provide economies of scale.

Section 5 demonstrates a new model of care to support BEN PCT strategies; establishing new healthcare facilities within the locality areas to create a network of services across the PCT and improving access to a wide range of integrated services.

New primary care facilities will be commissioned to support two types of groupings of services, those which are provided to a registered population of 10,000 to 15,000 and those which are provided to a population of a minimum of 50,000. Within a locality these services will be grouped into a number of Primary Care Centres.

The PCT will not invest in new buildings that serve fewer than 10,000 registered patients, except in special circumstances. It will also not support the development of new, small and single-handed practices working in isolation from colleagues.

Section 6 explains some of the principles for new facilities; including the commitment to sustainable development, the requirement for buildings that can be used flexibly to optimise use, the need to provide buildings that promote health and wellbeing and the use of technology to support the service delivery from the facilities.

Section 7 states the programme management structure that will be used to maintain governance and inform resource allocation to projects. The section also explains the two

key Next Steps – a full, update review of GP premises and the development of the Locality Service Development Plans.

The plan will be reviewed annually with the next review due in October 2009.

1. Introduction

The first SSDPs for North and East Birmingham PCT's were produced in 2002 and refreshed in 2004, in response to the NHS Plan published in 2000. Each set out the details for estates development and the priorities for building the premises and accommodation infrastructure. Both responded to the need to address those GP practice premises that required investment; particularly in respect of the requirements of the Disability Discrimination Act. Additionally, common priorities included reducing the backlog of maintenance on existing Birmingham East and North PCT owned estate and the replacement of identified Health Centres, with modern facilities.

There are a number of national and local policies and initiatives that prompt the need to reconsider the way ahead for healthcare services and facilities. This places a greater emphasis on first considering the services to be provided, models of service delivery and what support and infrastructure they will require. This SSDP therefore places the service agenda at the centre of the capital planning process; ensuring that it drives the prioritisation and design of future schemes. At the heart of the plan are issues that are specific to the population served by Birmingham East and North PCT (BEN PCT).

The document sets out the framework for matching premises investment to service plans and organisational aspirations (including joint aspirations between health, social care and other key stakeholders). It supports the development of the integrated approach to infrastructure development of the "Working Together for Health"¹ vision and BEN PCT priorities for improving health, reducing health inequalities and extending quality of life & life years across BEN PCT. It is a whole systems approach to developing integrated services from 2008 to 2013 and the facilities and estates infrastructure required to support this service delivery.

We believe that the most effective organisations are those that work well with other organisations. We recognise the need for effective partnerships to improve health and address the issues of inequality and socio-economic deprivation that have a direct impact on the health status of a population. Therefore, key stakeholders and representatives of our partner organisations have been involved in the production of this plan through inter-agency partnership and joined-up public services development.

In conclusion the SSDP shows that BEN PCT has a plan that:

- Provides a framework for developing and sustaining primary and community care services in the BEN PCT area
- Acts as a joint planning document; requiring key stakeholders to commit resources.
- Demonstrates the development of services and capital investment requirements in line with partner organisation and stakeholder strategies

¹ Working Together for Health: Birmingham East and North and Solihull Local Health Economy Overarching Vision and Plans 2008-2013

- Supports to the “working together for health” vision of the local health economy and the Local Area Agreement²
- Proposes the development of a number of Primary Care Centres that will provide the infrastructure for the service development; replacing a number of unsatisfactory existing premises.

This SSDP will be reviewed annually to ensure that scheme developments are responding to any changing context. The next update will take place in September 2009.

1.1 Benefits for Patients

The overall intention is that access to services is improved and that patients and users are seen in the most appropriate place.

New services and centres will be developed so that they:

- improve geographical access
- increase the range of locally based services
- can be accessed in a more flexible and timely manner.

The new centres can support the provision services in one location so that individuals have the option see all the professionals involved with their care at one visit. This model is particularly beneficial for people with long-term conditions. The services can also link to the Expert Patient Programme and local support groups.

For example, a referral from the GP in future could mean that a patient is seen at one of the centres either by a consultant or by a GP with a special interest in that condition. An outpatient visit following hospital treatment could take place more locally. Also, other outpatient follow-ups, such as physiotherapy, could be provided at the centres.

Evening and weekend access to local healthcare services was considered to be important by those responding to the National Patient Survey. Therefore, when commissioning new services in the centres BEN PCT will also review whether there is a need for these to be provided in the evenings or at weekends to improve access.

² March 2006. Birmingham Strategic Partnership. “Birmingham Local Area Agreement”.

2. Birmingham East and North – The area and its people

2.1 The Population and geographical boundaries

BEN PCT is committed to improving the health and well being of the whole population it serves to enable them to live active, fulfilled and healthy lives.

BEN PCT serves a population of 438,000, across a wide geographical patch with the population predicted to rise gradually by 2013. It invests £630 million per year³ on a wide range of health services for the community and currently employs 1,700 staff. BEN PCT also hosts the West Midlands Specialist Commissioning Service and the Shared Services on behalf of other PCT's.

BEN PCT covers 17 wards on the North and Eastern part of Birmingham, shown in Fig 1.

There is a great diversity of population across the wards, with the greatest difference being demonstrated between Washwood Heath and Sutton Four Oaks demographics:

- Washwood Heath is 70% black and ethnic minority (mainly of Pakistani or Bangladeshi Muslim origin) with less than 15% over 60 years and 30% under 16 years old.
- Sutton Four Oaks has only 5% ethnic minority (mainly Indian origin) with 25% over 60 years and 15% under 16 years old.

These differences correlate with inequalities in health status and mortality with a 6 year difference in life expectancy between the two wards.

³ BEN PCT Primary Care Overarching Strategy, 2008.

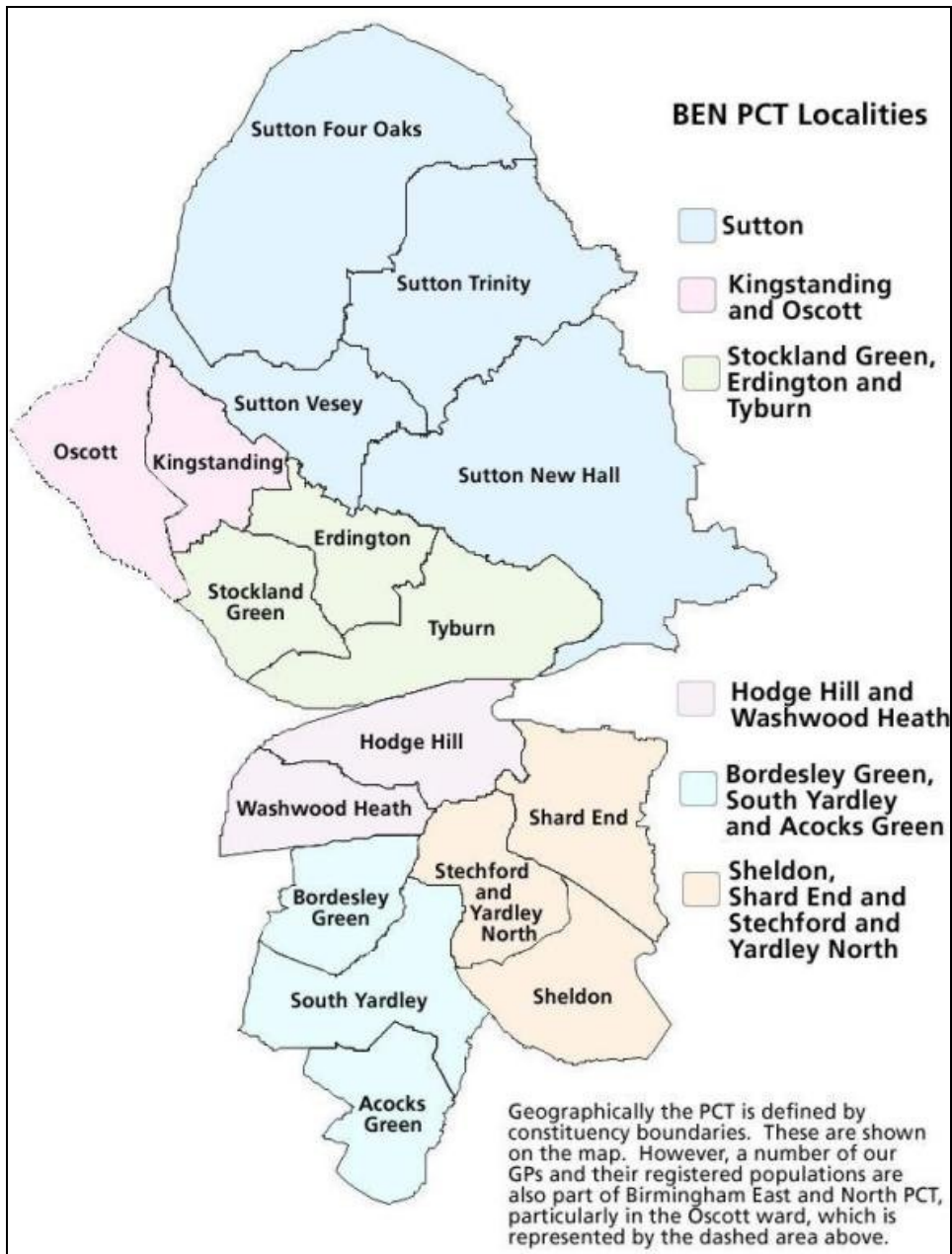


Fig 1: Wards covered by BEN PCT

2.2 The Health of the Population

The latest PCT Public Health report⁴ outlines the health of people living in BEN PCT area and the progress being made in improving the major health outcomes experienced by the residents of the area.

⁴ Creating a Healthier Future for All, Public Health Report 2007

The report sets a number of targets to reduce the gap between areas of the city with worst health and deprivation and the population as a whole. The priority areas are:

- Overall reduction in health inequalities
- Improving children's health and care
- Improving access to stop smoking services
- Preventing obesity and prioritising obesity treatment
- Improving access to and promoting uptake of immunisation programmes
- Improvements in mental health
- Better sexual health and reduction of teenage pregnancies
- Improved access to services to help prevent infant mortality
- Improved life expectancy (especially male life expectancy) to match national standards
- Focus on primary prevention and early diagnosis of cancer

2.2.1 Deprivation

There is a well established link between deprivation and ill health. The neighbourhoods within the city can be ranked against various deprivation indicators with health as a specific indicator.

Birmingham East and North PCT covers a diverse population located in some of the most affluent and some of the most deprived areas in the country.

Several of BEN PCT wards fall within the 20% most deprived wards in England, with Washwood Heath, Kingstanding and Bordesley Green in the top 5% of the most deprived communities. All wards in these areas, classified as urban, are within the 25% least healthy with relatively high rates of chronic disease e.g. coronary heart disease and diabetes, and are the most deprived in terms of income and employment.

The Sutton wards, suffer much less deprivation and ill-health; being in the top 25% of affluent areas (unemployment is low at 2% - 3%.) and healthy communities. However, even within these prosperous areas lie areas of great need, for example Falcon Lodge.

2.2.2 Mortality and morbidity

The Public Health report describes data on the main causes of death (by ward) and indicates that the main cause of death for all areas is ischaemic heart disease, with cerebro-vascular disease the second highest cause.

BEN PCT also has morbidities significantly higher than the England average for Long Term Conditions. Long-term conditions are those conditions that can not necessarily be cured, but can be effectively managed to improve quality of life. Such conditions are

diabetes mellitus, ischaemic heart disease and diseases of the circulatory system and respiratory system.

This indicates a need to focus on primary care services that promote and support healthy lifestyles and help those people with long-term conditions to manage their health.

2.3 Birmingham City Council - Urban regeneration

Birmingham City Councils Regeneration Services make an active contribution to the future economic prosperity of Birmingham and underpin the city's vision of vibrant urban villages by creating and sustaining inclusive economic regeneration. The overall aim is to ensure the future prosperity of the city and to close the gaps between the most deprived areas and communities and the city, regional and national averages by working in partnership with other agencies to create the conditions for economic and employment growth, ensuring that those areas and communities in greatest need benefit from the economic prosperity of the city. BEN PCT will work in partnership with the City Council and other agencies to develop health services provision as part of regeneration programs.

2.3.1 Policy & Implementation

In 2005, Birmingham City Council published its Commissioning Strategy for Older People "Changing Care Meeting Needs" This is a five year strategy for the development of services for older people living in Birmingham.

The strategy commits the City Council to working in partnership to promote the health and well being of all older people. The vision is to develop a policy framework that facilitates self-sustaining communities, and provides sufficient information, advice and support to allow individuals to make informed choices about their health and wellbeing.

The commissioning intentions set out in the strategy indicate how the vision will be achieved and identifies the proposed partner organisations for commissioning and providing services for the future and will require a shift of resources so that there is greater expenditure on community based packages of care that support people to stay in their own homes. By 2010, the target is that expenditure on support in the community will have risen to 45% of the gross service budget compared to 23% in 2004, with a corresponding decrease in money spent on institutionalised care: 30% of the gross service budget compared to 68% in 2004.

Birmingham City Council is currently engaged in a "Business Transformation" programme cutting across all of its services.

One of the projects "Working For the Future" and in particular the 'x-portfolio' strand is seeking to transform the Council's operational based assets into a single portfolio of multi-functional properties supporting a joined up approach to service delivery across the services of the Council and its partners.

It is recognised that there are real opportunities to link with PCTs in terms of delivering joined up services to better meet aligned objectives.

The first demonstration project at Yardley is seeking Full Business Case approval and this will set the tone of how future schemes are developed. Individual schemes will need to meet a number of objectives before gaining approval and these objectives are likely to include financial and service improvement targets as well as engagement with strategic partners (including PCTs).

The Local Government White Paper “*Strong and Prosperous Communities*” October 2006 sets out a re-definition of the relationship between central & local Government and between local government and local communities. The main proposals include:

A leading role for Local Authorities on Local Strategic partnerships

- A new duty for local government partners (including PCTs) to cooperate in agreeing LAA targets (through *Be Birmingham*)
- Proposals to make it easier for local authorities and NHS bodies to work together to tackle health inequalities and deliver better services for their local area.

BEN PCT is committed to working with its partners to help deliver the vision of the City Council and in particular to ensure that health services are provided as part of programmes of regeneration or housing redevelopment.

3. Modernising Services in Birmingham East and North PCT

3.1 National Policy

3.1.1 The NHS Plan (2000)

The Government is now over halfway through its 10 year plan to modernise the NHS. The NHS Plan has focused on improving performance and capacity within the NHS. It sets out a vision of a health service designed around the patient with care delivered to a consistently high standard. In particular it concentrated on increasing resources, reorganising the service around patient needs, reducing waiting times and improving access.

The future of the NHS rests on the strength of its primary care services and General Practice which has always been central to the NHS. The public trust and value family doctors but GPs and primary care staff also know that the expectations of patients are rising. People want more convenient and quicker advice and treatment. GPs and other primary care staff share the desire to improve the NHS with many practices leading the way in meeting patient needs. The NHS Plan builds on this work by enhancing the role of primary care and putting in place policies and investments to expand and improve services and raise standards.

The NHS plan enabled:

- Primary Care to provide a greater range of services,
- Resources to be directed at improving professional working lives,
- Flexible multidisciplinary working,
- Practices to be given greater freedoms and incentives.

The NHS Plan envisaged major improvements in Primary Care Premises, particularly in deprived areas. The plan included targets for providing 500 “one stop” Primary Care Centres, where Primary Care, Community Services and a range of associated services will be situated together under one roof.

3.1.2 The White Paper “Our Health, Our Care, Our Say: a new direction for community services” (January 2006)

This set a new direction for the whole health and social care system. It proposed a radical and sustained shift in the way in which services are delivered – ensuring that they are more personalised and that they fit into people’s busy lives.

It aimed to achieve four main goals:

- Better prevention and earlier intervention
- More choice and a louder voice
- Tackling inequalities and improving access to community services
- More support for people with long term needs

In 2007, the Government undertook a review of the original goals as set out in the “Our Health, Our Care, Our Say” White Paper and the patients and public were still supportive of these goals.

3.1.3 Equitable access to primary medical care services (October 2007)

The NHS Next Stage Review Interim Report (October 2007) carried out by Lord Darzi (the Report), reported that, despite sustained investment and improvement in the NHS over the past ten years, access to primary medical care services and the quality of those services, continues to vary significantly across the country. Many of the poorest communities experience the worst health outcomes and major inequalities exist within England in life expectancy, infant mortality and cancer mortality. Further, despite improvements in life expectancy in the most deprived areas, the gap in life expectancy between the most deprived and least deprived areas has widened.

The Equitable Access in Primary Medical Care programme will play a significant role in achieving more personalised care set out by the NHS Plan in 2000. The focus of this programme will be on achieving the vision of a fair and personalised NHS (whilst upholding the values of safe and effective primary care services). Ministers have announced that the Government will be providing new investment of £250m to support PCTs in establishing “at least 100 new general practices in the 25% of PCTs with the poorest provision; and new GP led health centre/s in each PCT in easily accessible locations”

3.1.4 Commissioning Framework for Health and Well-Being (March 2007)

This framework published by the Government, provides the framework for PCT's and Local Authorities to work jointly to improve the health and well being of their population and ensure services are commissioned jointly across the organisations to meet the diverse needs of the population. The key requirements are:

- Putting people at the centre of commissioning. This involves giving people greater choice and control over services and treatments (including self-care), and access to good information and advice to support these choices.
- Understanding the needs of populations and individuals. Joint strategic needs assessment by councils, PCTs and practice based commissioners will help them to better understand the needs of individuals, by using recognised assessment and care planning processes appropriately, and mitigating risks to the health and well-being of individuals.
- Sharing and using information more effectively to support decision making. This includes clarifying what information can be shared under what circumstances, joining up the IT systems of front-line practitioners and encouraging individuals and communities to be co-producers of information.
- Assuring high quality providers for all services. Commissioners should develop effective, strong partnerships with providers and engage them in needs assessments. Procurement should be transparent and fair. Commissioning will be focused on outcomes, leading to more innovative provision, tailored to the needs of individuals and supplied by a wider range of providers.

- Recognising the interdependence between work, health and well-being. Commissioners can facilitate collaborative approaches with businesses to improve advice and support for individuals. Additionally, all providers of NHS care will be incentivised to support and promote the health and well-being of their employees.
- Developing incentives for commissioning for health and well-being. Bringing together local partners using Local Area Agreements will help to promote health, well-being and independence, by using contracts, pooling budgets and using the flexibilities of direct payments and practice based commissioning.

3.1.5 NHS Operating Framework 2008/09

The NHS Operating Framework 2008/09 sets out the key priorities for the NHS. The five key priorities for action are:

- Cleanliness/prevention of infection (MRSA and Cdiff)
- Improving access (18 week referral to treatment and access to GPs)
- Keeping adults and children well, improving their health and reducing health inequalities (focus on the big killers, ill health prevention and promotion of good health)
- Improving the patient experience, staff satisfaction and engagement (patient involvement and empowerment, especially in commissioning)
- Emergency planning (response to major emergencies and pandemics)

3.1.6 World Class Commissioning (January 2008)

The Government has set out the vision for the NHS to become a world class commissioning organisation. 'Adding Life to Years and Years to Life' will ensure the NHS drives the unprecedented improvements in patient outcomes and ensure the NHS remains one of the most progressive and high performing health systems in the world. Ultimately World Class Commissioning (WCC) will deliver better health and well being for all, better care for all and better value for all.

The development of WCC will be through commissioners taking a strategic long term approach to commissioning and developing evidence based approaches to improving outcomes for patients. WCC will create an NHS that will deliver a fair, personalised, effective and safe health and care system, thus tackling health inequalities.

The proposed new developments will contribute to BEN PCT's drive to become a World Class Commissioning organisation, through meeting each of the core competencies in the following ways:

- The developments are led by BEN PCT and are recognised by the community and partners in the area as a local leader for health issues.
- The local community, voluntary and statutory organisations have signed up to the vision of any development. The wider determinants of health inequalities will be

tackled through a multi-agency approach to health and well being services in the centre, therefore optimising health gain.

- There is an intensive public consultation to engage the public and patients on the design and delivery of the services in the new developments. This ensures the developments are 'owned' by the community.
- The Locality Commissioning Board have been engaged in setting the vision and service provision of the new developments and other clinicians will be involved and lead on the service redesign.
- The needs of the area and mapping of health inequalities have been undertaken, which was the basis of the specification of services and development of the vision.
- The developments take into account the local needs, service requirements and values of the NHS.
- The developments will enable BEN PCT to be market innovators and will enable the PCT to encourage new providers from the voluntary and community sector to deliver innovative services.
- The new primary care practices in the developments will enable BEN PCT to clearly specify the requirements and the needs of the local population and will secure real improvements in health outcomes. There is an opportunity with the new practice to design a new system of primary care services, including linking into the health academy plans.
- All the services operating in the new developments will be commissioned based on clear specifications, outcomes and a performance matrix to ensure they meet the needs of the local population and are innovative in design and delivery.
- BEN PCT is a strategic partner and shareholder of BaS LIFT through which buildings will be procured. This will help to achieve value for money and meet the highest standards of sustainable development principles.

3.2 Strategic Drivers for Change

Specific policy challenges for primary and community services have been brought about by general changes in demographics, public expectation, lifestyles and behaviour. For example:

- Rising public and patient expectations of customised, responsive and excellent services
- Workforce profile in relation to age, ethnicity, and skills
- Demographic changes including increasing proportion of older people and people from ethnic minorities with associated rise in prevalence of certain diseases such as diabetes, renal disease, heart disease and cancers.

- General population rise in prevalence of obesity, and increases in specific significant sexual diseases
- Increasing emergency care activity

A range of statutory and government guidance, itself driven by rising public expectations has been introduced to respond to these challenges, e.g.:

- NHS Improvement Plan and waiting times targets
- Practice Based Commissioning
- Policy drives on long term conditions; Foundation hospitals; Payment by Results; Patient Choice

The introduction of some legislation also impacts on how services must be developed and delivered; including Disability Discrimination Act, Race Relations (Amendment) Act 2000, Equality Act 2006

3.3 Local Drivers for Change

The infrastructure inherited by BEN PCT requires significant investments to meet national policy drivers; including:

- New Contracts for GMS, dental services, pharmacy and optometry
- Out of Hours Provision requirements
- Disability Discrimination Act, planned maintenance requirements and opportunities under Birmingham and Solihull LIFT programme
- Implementation of the National Programme for IT (NPfIT), which will enable exploiting new integrated information technologies to improve service delivery
- NSFs for CHD, diabetes, older people, children, renal and mental health
- Systems Reform in particular payment by results, patient choice
- Agenda for Change
- Health Act flexibilities to promote integrated provision and pooled resources between health and social care
- New focus on long term conditions management
- Practice based commissioning potentially through clusters
- GP recruitment and retention
- Recruitment, retention and training of other healthcare clinicians

- Working Together for Health (WTfH)

It is acknowledged that there will need to be significant change in the capacity of primary care premises infrastructure across BEN PCT. This will be informed by the prioritised range of initiatives which reflect the local priorities and investment in service redesign, which will in turn drive significant shifts of activity from Secondary to Primary Care and community services.

A range of key strategies are already developed by BEN PCT to set out more detail of the redesign and investment requirements. These include strategies for End of Life Care, Intermediate Care and Planned Care.

3.3.1 End of Life Care

This is an ambitious programme working towards a significant increase in capacity to allow people to die at home (including care home) if they choose; recognising that approximately 20% of people will require complex medical care within a hospital setting and approximately 10% may die in a hospice.

The delivery of this will be through a managed care pathway, integrated with long-term-conditions, dementia and older people's services. Care will be co-ordinated using a common risk stratification model and will support access to Local Authority services. The PCT delivery framework will also be supported by a co-ordinating centre, access to care and support at home, a specialist community MDT who have access to appropriate beds and a hospice at home service⁵.

3.3.2 Intermediate Care

The PCT has recently completed public consultation on the redesign of its Intermediate Care services including the relocation of its bed based services into state of the art centres built by the local authority and leased to the PCT. These new facilities will provide single en-suite facilities to maximise utilisation of accommodation as well as a range of dedicated rehabilitation facilities. This will support the integration of health and social care and the concept of day-rehab, whereby patients return home each night. The facilities are supported by the introduction of a third community rehabilitation team. The teams offer support within the home, with rapid response to avoid un-necessary admissions to hospital, in addition to early discharge where clinically appropriate. This will result in the de-commissioning of the existing seventy intermediate care beds from Sutton Cottage Hospital, Berwood Court, Grange Road and Hafod Nursing Home⁶.

⁵ From BEN PCT "Strategic Plan v 4" Draft.

⁶ From BEN PCT "Strategic Plan v 4" Draft

3.3.3 Planned Care pathways

The White Paper “Our Health, Our Care, Our Say” sets a national approach to the strengthening of services in the community and a reduction in dependence upon acute hospitals.

Locally, BEN PCT is developing a strategy for planned care⁷ which indicates new models of planned care delivery with more services provided in community settings. Emphasis is placed on commissioning re-designed services that will deliver:

- Supportive self-care
- Clinically integrated care models based on defined patient pathways
- Clinical leadership and multi-partnership working between primary and secondary care
- Patient choice and demand management
- Capacity to deliver new models of care

Some common conditions in the following specialties currently have high volume elective treatment in secondary care that can be moved to primary care⁸:

- Musculo-skeletal – an integrated service delivered by a multi-disciplinary team from a range of locations; delivering assessment, diagnosis, conservative treatment and review for non-admitted patients (excluding trauma), at an 80% conversion rate for surgery.
- Urology – community based multi-disciplinary team; delivering new and follow-up appointments for a variety of conditions (approx 70% of new and follow up patients can be seen by community urology service).
- Dermatology - community based multi-disciplinary team. One based in North (provided by SWBH) and one based in East (provided by HoEFT). New and follow-up patients equating to approximately 80% of all current outpatient department activity. Current pilot suggests around 20% of patients will need to see a specialist in secondary care.
- Gynaecology – provision of 10,500 new and follow-up outpatient attendances in primary care; reflecting strategy to integrate family planning and sexual health services with core primary care services.
- Ophthalmology
- Audiology

⁷ “A Strategy for the Commissioning of Planned Care Services for Birmingham East and North PCT 2008 – 2013” DRAFT April 08

⁸ From BEN PCT “Strategic Plan v 4” Draft

These pathways will be reviewed and re-designed as appropriate for local need to include assessment and/or diagnostics and/or treatment within primary care settings.

There is recognition that fit-for purpose facilities are required in primary care to support re-designed models of care; enabling one-stop services and increased capacity for safe transfer of outpatient services from secondary care..

3.3.4 Urgent Care

The urgent care services are being redesigned in conjunction with other organisation in the Local Health Economy with care pathways being designed for improved intervention in primary care.

There is a successful model in place in the Kingstanding area, which has re-patriated urgent care activity to the local area and created alternative access points to care for a high-risk community. Investment is also being made in a second Urgent Care Centre based in Washwood Heath to reproduce this model and address the ad-hoc use of A&E by the local population and surrounding areas for minor conditions⁹.

⁹ From BEN PCT “Strategic Plan v 4” Draft

4 The Need for Change

4.1 Historical Model of Care

For the last 50 years a health service has been based on an illness model. With this model there remain health inequalities, with people in deprived communities suffering from high levels of preventable deaths (diabetes, CHD, cancers, perinatal mortality). They are also the least likely to use health services.

General practitioners in BEN PCT have played a key role in tackling inequalities. There have been significant improvements in the identification and management of long term conditions over the last five years. This could be improved further if the health service intervened at an earlier stage; encouraging a healthy lifestyle, mental well-being and education. The risk of onset of long-term conditions could be managed more effectively, or even prevented.

Public feedback about current healthcare provision in the area has identified the following requirements¹⁰:

- More appropriate opening hours
- Ability to book appointments in advance
- Better telephone access
- Systematic health promotion advice and support

An envirosocio-health model of care needs to be developed to ensure ill-health prevention, early identification and appropriate intervention, provided in a way that is accessible by BEN PCT population. This model of care cannot be undertaken by the health service alone, but requires a partnership with health, local authority, voluntary and community organisations and the public. A key aim is to provide a consistently high standard of care by developing integrated, holistic service provision within strategically developed premises.

4.2 Current Healthcare Estate

The majority of health buildings in the local area, such as GP Practices and Health Centres, were developed within the illness model of care, where interventions in ill health occurred at a late stage, with reliance on expensive health drugs or operations to maintain health or save a person's life.

The current healthcare estate is outlined below.

4.2.1 GP Premises

BEN PCT works with 82 general medical practices, of which 33 are single partner practices. There is huge variation in the condition of GP premises and fitness for purpose

¹⁰ NHS Patient Satisfaction Survey and MORI surveys commissioned by West Midlands SHA

to provide new models of care. A full assessment of the condition of GP premises is due for update and will be carried out within the next 12 months.

Also, there is growing concern that some of the larger practices (with 5 GPs or more), which have tended to score higher on premises surveys in the past, are struggling to provide additional service capacity because their premises constrain expansion.

Whilst BEN PCT invests £4,424 annually in GP premises through GMS and PMS contracts and significant capital investment has been made in GP premises to support DDA compliance, there is clearly a need to develop a range of purpose built facilities that support the general practice and primary care services required for local populations.

4.2.2 Other Independent Contractor Premises

BEN PCT works with 56 dental practices, 64 Optometry practices and 98 pharmacy practices. There is significant growth in the role of oral health, pharmacy and optometry in primary care.

It will be possible to co-locate some of these practices within new LIFT buildings alongside GP practices, community health services, social care, council and voluntary services as appropriate for the local population. This will support new care pathways and help to enhance patient experience of lifestyle management and healthcare provision.

4.2.3 PCT owned and leased premises

The healthcare facilities owned or leased by BEN PCT are shown in Appendix 1. The table indicates the location by ward, the ownership status (LIFT, Freehold, Leasehold, or Management Agreement), the general condition rating of the facilities and current services located or provided at the premise.

Those with significant condition issues (including space utilisation, functional suitability, quality, DDA compliance or works required to meet statutory requirements) are:

- John Taylor Hospice
- Sutton Cottage Hospital
- Stoney Lane

Whilst all other premises meet statutory requirements, all require some DDA or H&S works. Only the new LIFT premises, Warren Farm and the Swan Centre have all appropriate energy performance elements installed.

Investment over five years to maintain the properties to a reasonable / sound condition (including statutory H&S items) is approx. £1m.

4.2.4 Sutton Cottage Hospital

Between October 2007 and January 2008, BEN PCT consulted formally on the future of local intermediate care (rehabilitation) services. This included the potential future use of

Sutton Cottage Hospital. Views were invited from a range of internal and external stakeholders, including recent patients, who had received a variety of intermediate care services and support. The public view, endorsed by the PCT, was that Sutton Cottage Hospital should be retained for NHS use. The most popular view from stakeholders was to use the Hospital building as a local centre for long-term conditions.

Intermediate care services are due to transfer to Perry Tree Care Centre in winter 2008. Minor refurbishment works will be carried out at the Hospital to provide accommodation for a range of services, including physiotherapy, pain management, wound care and continence clinics. These services will be provided for an interim period of about 2 years. Plans for the long-term use of the building are dependent on confirmation of the service content.

4.2.5 John Taylor Hospice

The John Taylor Hospice (JTH) has been identified as having significant problems with premises condition and major capacity constraints. Currently specialist palliative care and End of Life services are provided from JTH for the Practice based Commissioning clusters:

- Kingstanding
- Erdington
- parts of the Alliance of Sutton Practices,
- Hodge Hill, Washwood Heath,
- Sheldon, Stetchford, Shard End and Yardley North (3Ss)
- Bordesley Green, South Yardley and Acocks Green

Plans to re-develop the Hospice will be required and will be informed by the End of Life strategy and developments in Palliative care provision.

4.2.6 New LIFT Schemes

The following schemes have been completed:

- The Dove Centre, Perry Common. This is a two storey building in an area of regeneration in the north of the PCT area and will accommodate the Streetly Road GP Surgery in addition to PCT services. Construction was completed in January 2008.
- Stockland Green Primary Care Centre. Phase 1, which comprised the completion of the new Stockland Green Primary Care Centre, was completed on 23rd May 2008. Phase 2, which comprises the demolition of the former Health Centre and the completion of a new car park, is due for completion in December 2008. The new Stockland Green Medical Centre will accommodate 3 GP practices and associated services as well as a range of PCT services.

- Richmond Primary Care Centre, Stechford. Construction of the new centre is underway and due for completion in May 2009. This will bring together four GP practices, dental services and primary care services.

The following schemes are in planning and sites have been identified:

Bordesley Green (Partners in Health). The Outline Business Case is prepared for PCT board approval. Land adjacent to the current Partners in Health (PiH) building has been secured. The scheme will combine most services from the current PiH centre and the Children's Development Centre. The proposed building will be approximately 3000 m².

- Bordesley Green (Partners in Health), current building. The Orthopaedic Triage service that is in the current PiH building is not planned to move to the new Bordesley Green scheme. This is an expanding service that is best co-located with the Pain Management service and their associated administrative function. The current PiH building is owned by HoEFT. The lease agreement to 2013 is under negotiation. There is an option for the PCT to purchase the premises and this will be based on a service business case.
- Hodge Hill. The PCT purchased a site comprising 1.26 acres from Birmingham City Council on 31st March 2008. Outline planning permission was granted on 3rd April 2008 to change the existing use of the site to primary care use to accommodate a building of 2,700sqm. BEN PCT Board approval was given on 19th March 2008 to include a new GP practice (commissioned through the Equitable Access programme) within the scheme. The new development will also include three local GP Practices and a range of other PCT services.
- Saltley, Clodeshall Road. An Outline Business Case has been approved by the BEN PCT Board. Negotiations are underway with Birmingham City Council for the purchase of a site off Clodeshall Road. Birmingham City Council Cabinet approved the disposal of the land to the PCT in September 2007. The new development will accommodate a new GP practice (commissioned through the Equitable Access programme), a range of PCT services, a Welfare Centre and a "community" café. Consultation with the local community and the users is underway and it is proposed to submit a full planning application in autumn 2008 with financial close in mid 2009.
- Sheldon Heath. The PCT purchased a site comprising 1.41 acres from Birmingham City Council on 31st March 2008. Outline planning permission was granted in September 2007 to change the existing use of the site to Primary Care Use to accommodate a building comprising 3,000sqm. The Centre will be built on land behind Birmingham City Council's Care Centre which is due for completion in June 2008.

The following schemes are being considered:

- Kingstanding. A site is to be identified for a new GP practice (commissioned through the Equitable Access programme). Discussions are underway with BCC about co-location of services on the site of the former Kingstanding Community Centre and the Kingstanding Neighbourhood office.
- Erdington. A site has been identified close to the geographical centre of BEN PCT and will include a new a new GP lead health centre (commissioned through the

Equitable Access programme). Negotiations on the lease agreement are underway. A permanent site will be required for this service after six years.

- Erdington. There is a separate requirement to re-locate 3 GP Practices in Erdington. BaS LIFT are in discussions with BCC who are in the consultation phase in the master-planning of the Lyndhurst Estate off Sutton Road.
- Saltley, (Existing Saltley Health Centre). Possible refurbishment/extension/rebuild of the existing Saltley Health Centre. Services to be provided may be considered once the Services to be provided in the Clodeshall Road scheme are determined. Work on site may only commence on completion of the Clodeshall Road development. BCC have expressed an interest in offering their adjoining site currently used as a Neighbourhood office and co-locating services in the new scheme.
- Kitts Green. The BCC feasibility study was inconclusive on the future of the Mirfield site. BaS LIFT are in discussion with BCC regarding the redevelopment of the International School site on Gressel Lane.
- Acocks Green. There is a need for a future scheme in this area to allow the possible relocation of up to 3 GP practices.
- Sutton Cottage Hospital. There has been a consultation process exploring the future use of the hospital which closed 11th January 2008.

4.3 Workforce planning

In July 2008 there were 40 BEN PCT GP's aged 60 or over. Of these, 13 run single-handed practices. Whilst there is no definite retirement age for GPs it is likely that a high proportion of these GPs will choose to retire or reduce their working hours over the next five years.

This situation poses a risk to BEN PCT in terms of service provision for the population. In line with the Equitable Access Programme and its General Practice strategy, BEN PCT will look to accommodate patients within practices of 10,000 – 15,000 and provide accommodation and facilities to support this.

Appendix 2 shows the ward location of GP practices. Those single partner practices where the GP is over 60 years of age are highlighted red, those single partner practices where the GP is under 60 years of age are highlighted amber.

Whilst all areas have single partner practices, some are already within, or planning to be within new, larger buildings including:

- Stockland Green
- Castle Vale
- Stechford (completion due summer 2009)

This arrangement allows for provision of purpose built facilities and additional services to these single partner practices. It also helps to support BEN PCT's General Practice strategy to promote a GP to patient ration of 1:1500.

Areas where there remains a risk due to GP workforce planning are Washwood Health and the 3Ss, where there are the highest number of single partner practices aged over 60 who are in their own premises. The new developments proposed for Saltley and Sheldon Heath will support the General Practice and Primary Care commissioned services for these areas and provide access to high quality services for patients in these areas.

New developments in the skills and competencies of healthcare professionals in primary care are driving and supporting the shift of services from secondary to primary care and bringing care closer to home. Appropriate facilities are required to support the new ways of working and meet the needs of the new care pathways. Good examples of this are within therapy services, including:

- integrated pathways across physiotherapy and podiatry; providing a timely and convenient service for patients,
- multi-disciplinary orthopaedic triage service; improving referral-to-surgery conversion rates and reducing outpatient appointments in secondary care,
- pain management service; supporting an integrated, primary care based musculo-skeletal service.

4.4 Economies of Scale

The economic case for integration is also powerful, in that economies of scale will be realised through co-location of services, instead of different public buildings, providing disjointed services. The long term savings from early intervention and prevention could be substantial, as will the benefit to the economy generally with more people in work, therefore improving the general economic well being of the community.

5 New Models of Care

BEN PCT has developed its Primary Care Overarching Strategy¹¹ committing to five core strategies that inform the commissioning approach:

- Promoting health and empowering people
- Quality safe services
- Extending working together for health
- BRISK¹² processes
- Consistently fit for purpose

The Overarching Strategy places importance on provision of physical infrastructure that supports these core elements and emerging models of care. The infrastructure must also support the delivery of a critical mass of improvement with increased emphasis on:

- Greater medical capacity and cover
- Extended team working making best use of the range of professional expertise in primary care
- Enhanced range of services, offering access to a wider variety of community services, both health and support within local settings
- Patient education and group interventions
- Facilities to support professional teaching learning and research

5.1 General Practice

The BEN PCT General Practice Strategy¹³ sets out the new model for general practice to meet the aims of the overarching strategy. The PCT will increasingly seek to commission single practices serving populations of 10,000 to 15,000 patients with a maximum ratio of 1,500 patients per GP (whole time equivalent).

5.2 Integration of services

BEN PCT has supported the GP practices to work together in six locality groups to deliver Practice-Based Commissioning, each covering between 55,000 to 100,000 people. Work

¹¹ "BEN PCT Primary Care Overarching Strategy", 2008.

¹² BRISK – Bold Re-design, Investment, Sustainability, Knowledge

¹³ "General Practice Strategy", 2008.

is underway to build service plans with other key contractors; including dental practices, community pharmacies and optical contractors to provide services in the same areas¹⁴.

Services will be organised around the six locality group locations:

- Sutton (North area of BEN PCT)
- Kingstanding and Oscott (North West area of BEN PCT)
- Stockland Green, Erdington and Tyburn (North Central area of BEN PCT)
- Hodge Hill and Washwood Heath (South Central area of BEN PCT)
- Bordesley Green, South Yardley and Acocks Green (South West area of BEN PCT)
- Sheldon, Shard End and Stechford (South East area of BEN PCT)

5.3 Co-location of services into Facilities

Establishment of new healthcare facilities within the locality areas will create a network of services across BEN PCT improving access to a wide range of services. The intention is that when considering the development of new premises these will support the integrated approach to service delivery.

To support BEN PCT strategies, new primary care facilities will be commissioned to support two types of groupings of services, those which are provided to a registered population of 10,000 to 15,000 and those which are provided to a population of a minimum of 50,000.

Within a locality these services will be grouped into a number of Primary Care Centres. All of these centres will have the services described in Section 5.3.1 below, some will have additional services (as described in Section 5.3.2 below) depending on geography, demographics and the locality service development plan.

The PCT will not invest in new buildings that serve fewer than 10,000 registered patients, except in special circumstances. It will also not support the development of new, small and single-handed practices working in isolation from colleagues.

5.3.1 Primary Care Centres (services provided for 10 – 15,000 registered patients)

Primary Care Centres will support services for 10,000 to 15,000 patients registered with the practices that are involved.

The following services will be provided from these centres:

¹⁴ BEN PCT Primary Care Overarching Strategy, 2008.

- Self-help and preventive services (see 5.3.1.1)
- General medical services (see 5.3.1.2)
- Primary care (see 5.3.1.2)
- Community services (see 5.3.1.2)
- Pharmacy (in most cases either in or close to the centre)

There may also be scope to co-locate other independent contractor provider services with the Core and Extended Practice Teams.

Although the above descriptions have concentrated upon the provision of health services BEN PCT will be looking to work with other agencies and the voluntary sector to develop services in these areas. Thus, whilst perhaps not sharing the same building the centres may be located with those of the local authority.

5.3.1.1 Self-help and preventive services

BEN PCT expects all local contractors to engage in active health promotion and to signpost people preventive services. They have a key role in the early identification of disease and referral to the relevant professional. Therefore, these interventions targeted towards particular individuals or conditions can occur in any of the proposed settings.

5.3.1.2 Primary Care, General Medical and Community Services

These types of health services include those that more traditionally have been delivered in primary care in the community; including minor surgery, diagnostics such as blood tests, electrocardiographs (ECGs) and follow-up of patients after surgery (e.g. removal of sutures). It is expected that this range of services is going to expand further over the next five years, particularly in the management of long term conditions.

BEN PCT wants to encourage a wider range of services to be provided by a Core Practice Team. These consist of:

- GPs
- Practice nurses
- Community Nurses (health visiting, district nursing, mental health nurses and midwifery services)
- Manager and administrative staff

Extended Practice Teams can be co-located with the Core Practice Teams, as practitioners can share skills, equipment and facilities. These Extended Practice Teams include:

- Mental health workers

- Community physiotherapy
- Musculo-skeletal / orthopaedic triage
- Rheumatology services
- Podiatry
- Speech and Language therapy (paediatric)
- Social workers
- Long-term condition management / healthy lifestyle sessions
- Patient advocates

5.3.2 Primary Care Centres (services provided for 50,000+ registered population)

Some Primary Care Centres will support services that serve a large population (50,000 or more) with a demonstrated health need. The reasons behind this may include:

- The need to have sufficient numbers of patients to support the development of the services;
- The need to use scarce staff skills effectively coupled with a relatively low number of patients;
- The need to ensure that the level of investment required in equipment is fully utilised.

The range of services that may fall into this category include the following, with the exact location depending on the strategies for each service:

- Community Dentistry
- Services where there are a large number of patients with a routine need (X-ray, MRI, mobile scanning, endoscopy, urgent care and audiology)
- Services where there is a smaller number of patients with specialist need or access to a specialist professional (lymphoedema services, multiple sclerosis, Parkinson's disease, epilepsy and specialist neuro services)
- Speech and language therapy (adult)
- Child and Adolescent Mental Health (CAHMS)
- Cardiac Rehab facilities
- Services such as parent support groups, carer support facilities and other self help groups run in partnership with voluntary agencies, housing support and benefits advice. This will increase local access and community participation for patients.
- Outpatients' services focused specifically on local health needs e.g. antenatal and gynaecology services, ophthalmology, cancer and renal outpatient treatments

- Family planning
- Welfare services
- Child Development Centre
- Respite / rehab / palliative care beds as determined by local need and PCT strategy

Facilities from which this larger range of services is provided may also support

- Community café
- Larger or more technically equipped Training and development facilities

In addition to the services above, Locality Cluster Services will also be available to provide multi-disciplinary team working support, clinical governance action planning and implementation, personal and professional development, peer led professional education programmes, GP re-accreditation systems and the development of primary care research networks. The locality cluster services will use the Working Together for Health (WTfH) principles. This places a strategic emphasis on integration and gives priority to keeping patients out of hospital, an active management of patients to prevent illness and promotes quality of life.

5.4 Where the Services will be delivered

Just as acute hospitals are being modernised to meet the challenges of 21st century healthcare, so the facilities within primary care need to be fit to deliver high quality services.

As described in Section 5.2, BEN PCT intends to develop its services based upon the six localities. This framework of six areas will enable BEN PCT and its partner organisations to plan, commission and provide access to services at a more local level than they currently do.

Establishment of services from new and current facilities will also create a network of services across the city improving access to these services. Although located within the locality areas patients will be able to choose the centre which will be the most appropriate for delivery of their care.

5.4.1 Location of new facilities

In determining the location and the priority of future new facilities BEN PCT will take certain factors into consideration. These will be:

- The deprivation and health indicators for a given area. BEN PCT will use the Local Index of Multiple Deprivation and the specific health deprivation index for this together with morbidity data provided by the Directorate of Public Health;

- The sustainability of the current premises and services within a given area in terms of capacity (including physical capacity, fitness for purpose, need to move services out of hospital etc) and their ability to cope in the short to medium term with changes;
- The intention to bring smaller practices together under one roof to create larger centres with a wider range of services with 10,000 to 15,000 registered patients;
- The geography of the area to ensure that travel distances are acceptable for the local population coupled with a review of public transport access.

These criteria will be used to determine the priority for future proposals.

6 Building and facilities – key development principles

6.1 Sustainability

BEN PCT has committed to the principles of sustainable development and carbon neutral buildings. It supports green travel and promotes the introduction of green spaces through work with local partner organisations. In addition to this BEN PCT aims to provide healthcare environments that are flexible without requiring major modifications.

BEN PCT continues to work with BPCSSA Estates & Facilities and our LIFT partners, to improve the sustainability of both our current building stock and each new building and to work to the PCT 'Policy for Sustainable Development (SD)' (2008). Actions will be in line with the PCT 'Carbon Management Implementation Plan' (CMIP) (2008).

The specific areas of the policy for SD and CMIP that will be incorporated into our buildings are as:

- Each new building and each existing building that undergoes major redevelopment or refurbishment, will have a declared likely energy performance agreed with the PCT. This will be based upon the most appropriate classification of the Building, any special features (e.g. minor operating suites) and the planned operational opening hours of the building.
- All non bedded premises that are either new or major redevelopments / refurbishments will be managed to achieve within the range of 25 to 36 GJ/100m³ energy efficiency performance subject to a maximum operation of 65 hours per week, and the requirements of paragraph 2.07.06 of the CMIP.
- All existing non bedded premises will be managed to achieve within the range of 35 to 46 / 100m³ energy efficiency performance by 2018.
- All existing bedded premises will be managed to achieve a minimum of 50 GJ / 100m³ energy efficiency performance.

All bedded premises that are either new or major redevelopments / refurbishments will be managed to achieve within the range of 40 to 52 GJ / 100m³ energy efficiency performance

6.2 Technology infrastructure

Primary care premises will have the technological links to support the introduction of the electronic patient record (across primary and secondary care). Also, direct booking and clinical decision support systems will be developed to enhance clinical governance and the measurement of health outcomes.

IT infrastructure will support technologies that are appropriate to the facilities in the centre, e.g. Health and Wellbeing Centres linked to PACS for electronic imaging and remote diagnostics reporting.

6.3 Flexibility

The schemes will deliver flexible and efficient use of space, with shared spaces for use by different individuals and groups for different purposes. Shared space can include, reception and waiting areas, meeting rooms, bookable treatment spaces, open-plan offices with desk sharing arrangements and access to IT. To design schemes with maximum flexibility and fitness for purpose, front line staff and local people will be engaged in the design process.

6.4 People using the buildings

The schemes will support the promotion of physical activity in the workplace¹⁵ through design and planning that encourages people to walk and cycle to work and to be as physically active as possible at work.

The schemes will promote efficient patient flow and movement of people around the buildings. To support this room booking schedules and appointment systems will be utilised at the centres and centre managers will co-ordinate cleaning, maintenance and goods deliveries.

6.5 Compliance

The schemes will be developed in accordance with all relevant legislation and design guidance.

¹⁵ National Institute for Health and Clinical Excellence. "Promoting physical activity in the workplace" Quick Reference guide. May 2008

7 Programme Management and next steps

7.1 Programme management for new developments

LIFT Schemes will be managed in accordance with a generic programme management plan, the current version is attached in Appendix 3.

This plan accounts for the latest Department of Health Guidance for PCTs with existing LIFT schemes. It also aids the PCT for the purposes of financial planning and workforce resource management from inception to commissioning of the LIFT schemes.

7.2 Next Steps

7.2.1 Estates premises survey

A full update of the estates premises survey is needed for GP practices. The last full survey was conducted by an independent consultancy with updates on some elements carried out at regular intervals by PCT and SSA staff. A full update is required again and will be organised to take place in the next 12 months.

7.2.2 Locality plans

Locality Service Development Plans are required to identify specific gaps in current estate in relation to the services required. These will be developed over the next 12 months.

Appendix 1: PCT premises (including those not owned by the PCT, but where PCT services are based)

Ward	Centre	PCT premises status	General condition rating (A=as new; B=sound; C=major repairs; D=unacceptable)	Services provided include	Future intentions staff
Acocks Green	Shirley Road Clinic B27 7NP	PCT services located in South PCT building		GP's District Nurses	
Bordesley Green	Partners in Health Centre B9 5PU	Leasehold LIFT scheme being developed for Yardley Green.	B	Long term conditions services Orthopaedic triage and admin	Long term conditions management services Relocating into new building along with the CDC currently operating from leased space in HEFT premises Orthopaedic triage and admin accommodation still to be identified – propose retaining existing building
Bordesley Green	Treaford Lane Clinic B8 2UE	Freehold	B Roof problems	School nursing services Physiotherapy services 3 cubicles and office space also developing orthopaedic triage services and pain management services but restricted on space Community dental	It has been identified that the physiotherapists and school nurses will move into the new Saltley development The community dental service will move into the Stechford Health Centre.

				service operated by HOB tPCT Sexual health services provided by HOB tPCT Family Planning	The future requirement and needs of the sexual service site is currently being assessed. This service may move to Kingstanding area, identified in the sexual health needs assessment.
Bordesley Green	Great Wood Road Surgery B10 9QE	PCT services located in GP premise.		GP's Health Visiting	
Bordesley Green	Yardley Green Medical Centre. B9 5PU	PCT services located in GP premise	Substantial new extension completed Sept 08	GP's Health Visiting District Nurses Dental (Children)	District nurses will be moving into Yardley green development
Erdington	John Taylor Hospice	Freehold	C	Specialist palliative care	See section 4.2.5
Hodge Hill	Hodge Hill Clinic B36 8LN	Management Agreement	B	Health Visiting District Nurses X 8	Will be moving into the LIFT scheme at Hodgehill
Kingstanding	Warren Farm Health Centre B44 0PU	Freehold	B	Physiotherapy Podiatry Speech Therapy Urgent Care Centre District Nursing Health Visiting School Nursing Midwives Family Planning	

				Smoking Cessation	
Oscott	Oscott Health Centre B44 9AE	Leasehold	B	Health Visiting District Nursing	
Shard End	Church Lane Clinic B33 9EN	Freehold	B	District Nurses Health Visitors Continance team Dental Department (Children) Speech Therapy School Nurses	District nurses and Health visitors moving into Kits Green development
Shard End	Colehall Clinic B34 6TR	Leasehold	B	District Nurses x 12 Podiatry Speech Therapy	Proposed move to a Kitts Green development
Sheldon	Horrell Road Clinic B26 2PB	Leasehold	B	District Nurses	Will be moving into the LIFT scheme at Sheldon
Sheldon	Mapledene Clinic B26 3XF	Leasehold	B	Health Visiting	
South Yardley	Harvey Road Clinic B26 1TH	Freehold	B	Health Visiting District Nurses School Nurses Dental (Children) Speech Therapy	Will be moving into the BaSS LIFT Sheldon development
South Yardley	Park Medical Centre B10 0JL	PCT services located in GP premise	There is restricted space to provide a range of health and well being facilities. One-stop facility (as NHS Plan definition)	two GP practices community diabetic team Provides a number of community health clinics.	
South Yardley	Waverly Health Visiting Team B10 9BT			Health Visiting	
Stechford & Yardley North	Stechford Health Centre B33 8PL	New LIFT development under construction.	A (expected	GP's Health Visiting District Nurses	Services will be moving into the new LIFT development at Stechford. Due for completion summer 2009.

			rating)		
			One-stop facility (as NHS Plan definition)		
Stechford & Yardley North	Swan Centre for Physiotherapy & Podiatry B25 8AB	Leasehold	B	Physiotherapy Podiatry	
Stechford & Yardley North	Stoney Lane	Freehold	D		
Stockland Green	Erdington Medical Centre B24 8NT	PCT services located in GP premise		GP's Health Visitors District Nurses	
Stockland Green	Stockland Green Health Centre B23 6DJ	LIFT development	A One-stop facility (as NHS Plan definition)	GP's Health Visiting District Nurses School Nurses Podiatry Physiotherapy Family Planning Midwives Dental (Children)	
Sutton Four Oaks	Four Oaks Medical Centre B75 8BS	PCT services located in GP premise		Podiatry Health Visiting	
Sutton Four Oaks	Leyhill Surgery B72 1RL	PCT services located in GP premise		District Nursing	
Sutton New Hall	Walmley Health Centre B78 8GG	Freehold	B	Physiotherapy Podiatry Speech therapy District Nursing Health Visiting School Nursing	
Sutton New Hall	Hawthorn Medical Centre B72 1DL	PCT services located in GP premise		District Nursing Health Visiting	
Sutton Trinity	Ashfurlong Medical Centre	PCT services located		Health Visiting	

	B75 6DX	in GP premise		Stroke Team Palliative Care Nurses	
Sutton Trinity	Falcon Lodge Clinic B75 7LB	Freehold	B	Dental Health Visiting District Nursing School Nursing	
Sutton Trinity	James Preston Health Centre B72 1RQ	Freehold	B	Podiatry Speech Therapy Health Visiting District Nursing	
Sutton Trinity	Sutton Cottage Hospital	Freehold	C		See Section 4.2.4
Sutton Vesey	Boldmere Health Centre B73 5UE	Freehold	B	Podiatry District Nursing Health Visiting School Nursing Audiology	
Tyburn	Castle Vale Primary Care Centre B35 7QX	Freehold.	A One-stop facility (as NHS Plan definition)	GP's Health Visitors District Nurses Podiatry Speech Therapy Footprints Physiotherapy School Nurses Child Development Centre	
Tyburn	Eaton Wood Medical Centre B24 0SY	PCT services located in GP premise		GP's Health Visitors District Nurses Podiatry Medicines for Schools department	
Washwood Heath	Saltley Health Centre B8 1RZ	Freehold	B	Podiatry SaLT	New LIFT development planned in Saltley. Financial close for this scheme is due second quarter 2009/10

				<p>Midwives</p> <p>Family planning service</p> <p>GP service</p> <p>Physiotherapy</p> <p>Orthopaedic triage</p> <p>Community Paediatric clinics</p>	
Washwood Heath	Fernbank Medical Centre B8 3HX	Leasehold	<p>B</p> <p>There are restrictions on space and facilities for the delivery of clinical service, due in part to the design of the building.</p>	<p>GP practice</p> <p>Health Visitors</p> <p>District Nurses</p> <p>Foodnet</p> <p>Adult Speech Therapy</p> <p>Child Speech Therapy</p> <p>Dietetics service</p>	<p>Dietetics service looking to relocate into the LIFT scheme at Saltley centre. Require accommodation for 24 staff</p>

Appendix 2: GP premises by Ward indicating workforce risk factors

Ward	No. of GP's	No. GP's over 60 at 31/12/08
Acocks Green	7	1
Bordesley Green	18	0
Erdington	11	1
Hodge Hill	7	0
Kingstanding	7	0
Nechells	6	1
Oscott	19	1
Shard End	19	0
Sheldon	12	2
South Yardley	12	1
Stechford and Yardley North	7	0
Stockland Green	24	6
Streetly	1	0
Sutton Four Oaks	14	4
Sutton New Hall	16	5
Sutton Trinity	17	4
Sutton Vesey	9	5
Tyburn	14	3
Washwood Heath	30	6

Appendix 3: Generic Programme Plan for managing LIFT schemes