CAPITAL HEALTH
LONDON'S NEW HEALTH CARE ESTATE

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NEW LONDON ARCHITECTURE
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Designplus
INTRODUCTION

Health care construction in London is happening at an unprecedented rate and scale. The need to modernise and replace obsolete facilities is being matched by an inflow of public and private capital which is predicted to reach £7 billion over the next 10 years.

Greater London has a growing population with particular needs both in terms of health care requirements and outdated premises. Potential sites are scarce and therefore much of the development is taking place in constrained surroundings. Often there is a desire to conserve heritage and a sense of place. These are civic buildings which create a sense of shared experience while at the same time contributing to the public realm. Many new health care buildings are multi-functional and incorporate a diversity of related services.

Redevelopment is happening at a time when the provision of health care is rapidly changing. Whilst there is still a role for the general purpose hospital, many of the less acute services are being devolved back towards the local community and the home. To provide an improved patient-focused service, facilities which were previously separate are being merged in a single location. New clinical and day surgery methods are allowing procedures to be carried out without the need for an overnight stay.

Health care is also about people and the NHS is the largest employer in the city. Teaching and medical research create an additional community from around the country and worldwide. Health buildings are visited by more members of the public than any other building types. During planning user consultation from clinical carers and nursing staff through to patients and the local community is vital in the successful development of the service.

The total health care estate is huge and varied. At one end of the scale the large acute university hospital through to the general practice surgery at the other. Adding to the complexity there is also a growing complementary care and private sector. Mental health, once conveniently hidden within institutions on the boundaries of the city, has increasingly been brought closer to the community. There are also patients in a range of long term care facilities which have their particular needs.

Expectations to meet targets and sustainable design in all this development is vital to ensure an investment in buildings which have a long term future delivering the quality service required. The challenge is to rationalise the resources to reflect the changing health demands of the community and choices in the way health services are delivered; to have access to buildings which reflect the changing patterns of health care; to create environments which inherently make people feel better and to create pride in a health estate which is worthy of a capital city.
Elective Care
Necessary but non-urgent procedure. In health care patients normally expect to wait for a period of time before gaining access to elective procedures. Common practice is to place those who need elective care and cannot be served immediately on a waiting list. Waiting lists are a feature of elective care ever since the NHS was founded. To improve access to care the government has recently introduced 18 week targets, which means Trusts generally have to improve the management of waiting lists for elective care better. This has led to focusing on the patient pathway (see below) and improved means of delivery such as Treatment and Diagnostic Centres (see below), Day Surgeries and Ambulatory Care (see below).

Patient Pathway
Route through the health service till completion of treatment. The formal definition the “patient pathway” is the route that a patient will take from their first contact with an NHS member of staff (usually their GP), through referral, to the completion of their treatment.

It also covers the period from entry into a hospital or a Treatment Centre, until the patient leaves. Events such as consultations, diagnosis, treatment, medication, diet, assessment, teaching and preparing for discharge from the hospital can all be mapped on this timeline. The pathway gives an outline of what is likely to happen on the patient's journey and can be used both for patient information and for planning services as a template pathway can be created for common services and operations.

Treatment Centres
Treatment Centres have been designed around patient pathways. Many designers use this as their starting point in the layout within the centre, minimising the disruption to the patient during their stay within the Treatment Centre, allowing the patient to move from one point in the process to the next with ease.

Day Surgery
Operation or treatment without an overnight stay. As surgical procedures and anaesthesia techniques become less disruptive, so patients are able to undergo operations without an overnight stay in hospital. With some hospitals achieving over 60%, day surgeries are key to reducing waiting times. Diagnostic and treatment centres such as ACAD (and mobile theatres) are planned to specialise solely in day surgery.

Ambulatory Care
Delivery of quick patient orientated service for specific treatments. Originating in the US system of private health care, ambulatory care was established to meet the market demands for a “wellness service” and speedy throughput. It is targeted at speciality areas of treatment and offers a dedicated service for elective care. A speedy consumer-driven pathway to meet the needs and convenience of the patient. In ambulatory care everything is immediate and patients are available to the clinicians as needed.
GLOSSARY (CONT)

HEALTH SERVICE MANAGEMENT

Primary Care Trusts (PCTs)
Since April 2002, PCTs have taken control of local health care while 28 new strategic Health Authorities monitor performance and standards. They receive budgets directly from the Department of Health. There are 31 PCTs and 5 SHAs in London currently.

HOSPITAL PROCUREMENT

Private Finance Initiative (PFI)
The private finance initiative (PFI) provides a way of funding major capital investments, without immediate recourse to the public purse. Private consortia, usually involving large construction firms, are contracted to design, build, finance and manage non-clinical support services in new projects. Contracts typically last for 30 years, during which time the building is leased by the NHS Trust and returns to the NHS free of charge at the end of the contract period.

Local Improvement Finance Trust (LIFT)
NHS LIFT is a way of developing a new market for investment in primary care and community-based facilities and services. It involves the local health community in developing a strategic service development plan, incorporating its local primary care service needs and relationships with, for example, intermediate care, and local authority services. A private sector partner is identified through a competitive procurement, and a local joint venture formed - the local LIFT company - which will have a long term partnering agreement to deliver investment and services in local care facilities.
RECENTLY COMPLETED PROJECTS