

Lead Executive: Director of Primary Care
 Report produced by: Director of Primary Care



Bwrdd Iechyd Lleol
Local Health Board
 Bro Morgannwg
 Vale of Glamorgan

FOR INFORMATION

LHB BOARD MEETING

11 March 2008

Primary Care Estates Strategy

PURPOSE

This report provides the Board with a the revised Primary Care Estates Strategy which was submitted to the Welsh Assembly Government on the 31st January 2008 to meet the Minister of health and Social Care's request.

The revised strategy is an amalgamation of the Strategy produced and submitted in 2004 and also the addendum approved in 2007. The report has been updated in respect of population changes, potential new developments including RAF St Athan and also primary care premise changes that have occurred over the last 18 months.

PREVIOUS MEETING PAPER REFERENCES:

A report update cover sheet was submitted to the January LHB Board Meeting prior to submission to WAG.

IMPACT ASSESSMENT

Risk Assessment

There are elements of the report which could cause a financial risk to the Local Health Board.

Likelihood Score x Severity Score 2 x 2 Risk Score = 4

Financial Impact

The monitoring of performance against individual aspects of the contracts with individual contractor professions can impact on the financial allocations.

Equality

The Report is compliant with the Welsh Language Scheme. The report does not discriminate against any of the following: Age, Sexual Orientation, Ethnic Origin, Religion / Faith, Gender, Disability and Language.

PUBLIC & PATIENT INVOLVEMENT / CONSULTATION

There is no requirement to formally consult on this issue however, clinical and management engagement has supported the development of the plan

RECOMMENDATION

The Board are asked to note the revised Primary Care Estates Strategy.



Bwrdd Iechyd Lleol
Local Health Board
Bro Morgannwg
Vale of Glamorgan

VALE OF GLAMORGAN LOCAL HEALTH BOARD

INTEGRATED HEALTHCARE ESTATE STRATEGY

FOR PRIMARY CARE PREMISES

January 2008

2 Stanwell Road
Penarth
Vale of Glamorgan
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EXECUTIVE SUMMARY

The strategy responds to the Welsh Assembly Government's requirement for all Local Health Boards to develop comprehensive service-led strategies for the primary care estate which closely match the vision of 'Improving Health in Wales – a Plan for the NHS With its Partners' published in July 2001.

The strategy is complementary to the Vale of Glamorgan Local Health Board's Health, Social Care and Wellbeing Strategy and builds upon the Wanless Local Action Plan. Both are the result of joint development by the Local Health Board (LHB) and its partners including the Vale of Glamorgan Council, Bro Morgannwg and Cardiff and Vale NHS Trusts, the Community Health Council and the Voluntary Sector. There is commitment from all partners to implementing the changes required to deliver an improved model of care which ensures that there is an increased focus on prevention and early intervention, where care is delivered as locally as possible across the whole social and health care continuum. The development of the Integrated Healthcare Strategy for Primary Care Premises offered the opportunity for further engagement with stakeholders.

The Primary Care Estates Strategy is based on the health and well-being of local people, which is central to the prosperity of the Vale of Glamorgan. Ensuring residents are able to enjoy a healthy, active and long life, with prompt access to appropriate and high quality health and social care services when they need them, is an important factor in ensuring the Vale of Glamorgan remains one of the best places to live in Wales, with a primary care infra structure that supports this.

The primary care estates strategy resulted from research, consultation and an appraisal process to identify the Hub and Spoke model as the preferred option for developing primary care services across the Vale.

The primary care estates strategy links with the long-term, strategic, health and social care development programmes underway in the Vale of Glamorgan. These are the Programme for Health Service Improvement (PHSI) involving the Cardiff and Vale of Glamorgan health and social care community, including the LHBs, Councils, voluntary sector, Cardiff University and Cardiff and Vale NHS Trust, and the Delivering Integrated Services project, which involves the Vale of Glamorgan LHB and Council, and Bro Morgannwg NHS Trust, as well as other LHBs in Bridgend and Neath Port Talbot and the voluntary sector.

Both programmes are designed to improve services in the Vale of Glamorgan through greater integration of health and social services, more real partnership and providing more and better services closer to people's homes.



This work has been underway since 2006 and will continue into the future. This Strategy will advance many of the objectives of these programmes and will support the development of much better local services for the people of the Vale of Glamorgan.

The strategy indicates a significant increase in the revenue implications for the LHB to ensure a sustainable high quality estate for primary care services in the Vale.

The strategy outlines the present vision and a model for service development. However, investment in each development will be made on the basis of a business case. This strategy is structured in a format that lends itself to the development of such business cases and to the type of service development plan that might be needed for innovations in procurement routes to save future time and effort on the part of the LHB.

The strategy will be subject to an annual review.

The strategy provides the LHB with a co-ordinated development approach rather than the more traditional piece-meal basis. The strategy will provide the LHB with the ability to undertake a co-ordinated and integrated approach to the development of the estate to meet the service needs of the population of the Vale of Glamorgan.



1. INTRODUCTION AND BACKGROUND

1.1 Purpose of the Integrated Healthcare Estate Strategy for Primary Care Premises

The Vale of Glamorgan Local Health Board (LHB) has produced an Integrated Healthcare Strategy for Primary Care Premises to ensure the availability of appropriately located and high quality premises which will support and facilitate the delivery of modern Primary Care services over the next decade and beyond.

This is the first Integrated Healthcare Strategy for Primary Care Premises through which Vale of Glamorgan Local Health Board will ensure that it can carry out its responsibilities associated with planning, developing and commissioning primary care services in the Vale of Glamorgan. It identifies the development of a service model for primary care services in Vale of Glamorgan and an estate reconfiguration plan influenced by a wide group of stakeholders and reflecting the local vision for primary care service development based on:

- The current health needs and future health/demographic trends of the local population
- The need for plans to work in harmony with relevant and agreed plans of local partners in health and social care and the Local Authority

It is recognised that the strategy has a vital role to fulfil in underpinning any proposals for future primary care development.

The LHB will review the strategy on a planned basis and update as necessary.

1.2 Background and Methodology for the Strategy

The strategy responds to the Welsh Assembly Government's requirement for all Local Health Boards to develop comprehensive service-led strategies for the primary care estate which closely match the vision first identified in 'Improving Health in Wales – a Plan for the NHS With its Partners' published in July 2001. In more recent times the strategy has evolved to begin building upon the work in 'Building for the Future', 'Improving Health in Wales', 'Health Challenge Wales' and Designed for Life;

The Strategy demonstrates the following standards and requirements as set out in Welsh Assembly documents and guidance:

- A programme to ensure all primary care premises meet minimum accepted standards



- Opportunities are taken to reduce overlap and duplication of service environments
- Where new premises are being developed or refurbishment is taking place the environmental impact of NHS Building is minimised and opportunities for cost efficiency are maximised
- The development of primary care resource centres as part of the new NHS landscape
- Estate strategies to bring currently disparate service together
- Opportunities for re-providing appropriate hospital based services in local settings
- Plans, where feasible, for primary care services to share facilities e.g. community hospital, social services
- New developments in the information and information technology infrastructure

Many changes and innovations are taking place in primary care services. Along with the Welsh Assembly Government's 'Improving Health in Wales' initiative, there are other national and local strategic drivers for service and organisational change which impact on this strategy. They include:

- The Future of Primary Care: A Primary Care Action Plan
- The Future of Optometric Services in Wales
- Remedies for Success: A Strategy for Dental Care in Wales
- New arrangements for Out of Hours provision
- Intermediate Care Guidance
- New GMS Contract
- Informing Healthcare

The process followed to develop this strategy, was segmented into the following stages:-

Stage 1: Where are we now?

- an assessment of the current service profile
 - an assessment of estate performance and compliance
 - interviews with key partners and groups
 - a stakeholder workshop to establish locality issues and aspirations
- Stage 2: Where do we want to be?
 - Development of future service delivery profile
 - Option appraisal to determine preferred route to achieve service vision
 - Development of estate
 - Stage 3: How do we get there?
 - Description of the preferred option for the future shape, makeup and utilisation of the estate to support the service vision



- Indication of capital and revenue implications
- Strategy implementation plan and programme

The development of the primary care strategy was achieved through a series of stakeholder workshops over the past 4 years.

1.3 Background to the Vale of Glamorgan Local Health Board

1.3.1 Origins

The Vale of Glamorgan Local Health Board was established as a statutory body in April 2003 and inherited responsibility for commissioning healthcare services for the 119,300 residents of the Vale of Glamorgan from Bro Taf Health Authority.

The LHB matches the Local Authority's (Vale of Glamorgan Council) area of geographical responsibility allowing both to work together on improving health, social care and well-being.

1.3.2 Demographics and Definition of the Population Served

The Vale of Glamorgan is located in South Wales to the west of Cardiff. It covers 33083 hectares with over 50 kilometers of coastline. The 2005 mid-year estimates indicate that about 122930 people live in the Vale of Glamorgan. Over half of the population lives in the two largest towns of Barry (47,700) and Penarth (20,930). The remainder of the population live in the following areas:- Llantwit Major with Boverton (9700), Dinas Powys (7340), Cowbridge with Llanblethian ((4200) Rhoose with Fontygary (4440) and St Athan with Eglwys Brewis (4000).

Penarth and Barry are predominately urban areas and relatively densely populated, whilst the Western Vale covers the more rural areas from Wenvoe to St Brides Major which are less densely populated. 80% of the Vale of Glamorgan is rural with a strong farming tradition..

The population of the Vale of Glamorgan in 2005 was estimated to be 5.7% higher than it was 10 years earlier in 1996. this equates to an average annual increase of 660 people across all age groups, although actual trends in each age group vary considerably:-

*	0-24	4.1% increase
*	25-44	1.6% increase
*	45-64	14.1% increase
*	65-84	5.7% increase
*	85+	25% increase

The future population projections from The Government Actuary's Department (GAD) indicate that for the Welsh population this will increase by approx. 0.3% each



year. GAD trend projections do not, however take into account local policy influences. Local population projections are currently being modified by the Vale of Glamorgan Council to inform the Local Development Plan. This will need to reflect local developments, in particular the new defence training academy that will be based at St Athan and further developments around Barry Waterfront and Cardiff Bay. These will attract thousands of additional residents of working age and their families. The defence training academy alone could increase the population of the Vale of Glamorgan by 10% by 2011/12.

The number of households will continue to grow, from 48,750 in 2001 to 53,000 in 2011 however, at the same time the average household size will reduce resulting in a stable overall population total.

Further detail can be found in Section 4.1.

1.3.3 Range of Services Provided

The Vale of Glamorgan LHB is responsible for commissioning primary care services as follows:

- 17 General Medical Practices with 7 branch surgeries
- 22 General Dental Practices
- 18 Optometry Services
- 27 Community Pharmacies



The LHB works in collaboration with both the Bro Morgannwg NHS Trust and the Cardiff and Vale NHS Trust who provide community based services from the following Health Centres and Clinics:

- Cowbridge Health Centre
- Llantwit Major Health Centre
- Broad Street Clinic, Barry
- Colcot Clinic, Barry
- Dinas Powys Health Centre
- Penarth Health Centre

In addition, other facilities in the Cardiff and Vale NHS Trust estate provide community services including:

- Barry Hospital
- Llandough Hospital

1.4 Summary Health Assessment of the Population Served

People in Wales are generally living longer, healthier lives than previous generations. This is particularly so in the Vale, where most indicators of health, social care and well being show significant better scores than the Welsh average. However, Wales compares poorly with many European countries, for instance with life expectancy consistently less than the best countries in Europe and worse than England.

Statistics for the whole of the Vale mask differences in health status between electoral divisions and the small neighbourhoods within these areas. There are marked inequalities in health within the Vale. Of the 22 electoral divisions in the Vale, 10 are among the most affluent areas in Wales. At the same time, others are in the top 20% of the most deprived areas in Wales.

The Welsh Index of Multiple Deprivation (WIMD) shows that the Vale's most deprived areas suffer deprivation across poverty, employment, health, education and housing measures. In addition it shows that some rural areas in the Vale experience poor access to services.

Further detail can be found in Section 4.2.



2. VISION AND PRINCIPLES FOR DEVELOPMENT

2.1 A Vision for Primary Care in the Vale of Glamorgan

The vision of the Vale of Glamorgan Local Health Board is to improve the health and well being of the local population. In order to deliver a co-ordinated approach for health improvement, each area in Wales will have a clear plan setting out how healthy lifestyles will be promoted and how health services will be delivered and improved.

The new Health, Social Care and Well-Being Strategy 2007/2011 gives joint responsibility to the Vale of Glamorgan LHB and the Council for the planning of NHS services and health related council services. The Strategy will cover the full spectrum of health – from preventative action through to the provision of primary and community services, secondary care services and the more specialist tertiary sector provision.

The first step in the development of this Strategy has been completed. A comprehensive health needs assessment for the Vale of Glamorgan has been undertaken, and the development of primary care services has been informed by this work.

Through partnership with a range of stakeholders across the Vale the LHB will develop services that are integrated, that maximise resources and ensure that inappropriate dependencies are reduced.

Cardiff & Vale NHS Trust will deliver community based services aimed at health promotion in order to prevent people from being admitted to hospital unnecessarily. Some of these services will require suitable, modern, accessible and well equipped centres to be available to the population of the Vale.

Bro Morgannwg NHS Trust aims to provide a seamless community services which reduce hospital admission, ensure safe and early discharge, and provide continuing care between the hospital setting and the community.



2.2 Vale of Glamorgan Local Wanless Plan

The Vale of Glamorgan Local Wanless Action Plan has been set within the broader context of the Vale of Glamorgan Health, Social Care and Well-Being Strategy. The Plan has been developed in partnership with the Vale of Glamorgan Council, Cardiff and Vale NHS Trust, Bro Morgannwg NHS Trust, the Vale of Glamorgan Community Health Council and the Voluntary Sector.

The main thrust of the Wanless Plan refers to a shift from secondary to primary care and an increased range of services provided in primary care and community settings. To locate these services, the size of the current estate will need to be increased and will need to reflect the demand for services and the ability of the NHS to supply these services in a local setting.

The future of primary care in the Vale of Glamorgan is based upon a mixed economy of smaller and larger premises from which a range of increasingly integrated primary and community health and social care services can be delivered. The Cardiff and Vale NHS Trust Community Services Review that is currently on-going will inform the profile of this service delivery over time.

In addition, by working closely with partners inside and outside the NHS, the LHB will be in a position to reshape and develop its service to meet the needs of its resident population, through the themes of modernisation, performance, prevention and inclusivity identified in the Wanless Report.

The integrated healthcare strategy for primary care premises will enable the LHB to lead the development of the estate in a way that will secure value for money and ensure that premises are fit for purpose.

2.3 Principles for Development

This strategy has been developed in accordance with Welsh Assembly Government (WAG) guidance (WHC 2002 115). The strategy takes forward “Improving Health in Wales – a Plan for the NHS with its Partners” published in July 2001, and also the local strategic vision set out above.

The main aim of the Strategy is to ensure the availability of appropriately located and high quality premises that will support and facilitate the delivery of modern Primary Care services over the next decade and beyond.



New premises developments will need to follow the Strategy objectives and take into account the following requirements: -

- The need to develop primary and social care premises with an appropriate range of facilities that serve the target community
- The need for primary care facilities to be accessible - this means having appropriate parking spaces and public transport links ensuring access for people with disabilities
- The need to provide services at a local level in the main population centres, to aid accessibility for local residents.
- The need for primary care premises to be used flexibly and in a multifunctional way
- The need to ensure that premises can adapt or expand to meet future service requirements
- The need for additional capacity to be built into primary care premises to accommodate secondary care services on an outreach basis
- The need for improved staff facilities in order to aid recruitment and retention and allow management and administration at a more local level

There is a commitment from all local partners to implement the changes required to deliver an improved model of care in line with the local strategic vision. This will not only ensure an increased focus on prevention and early intervention, but also that care is delivered as locally as possible across the whole social and health care continuum.



3. STRATEGIC CONTEXT

3.1 National Strategic Context

- Improving Health in Wales (WAG 2001)
- Review of Health and Social Care in Wales (Wanless)
- The Future of Primary Care: A Primary Care Action Plan
- Future of Optometric Services in Wales
- Remedies for Success: A strategy for Dental Care in Wales
- Routes to reform: A strategy for Dental Care in Wales
- New Arrangements for Out of Hours Provision, WHC (2002) 131
- The Welsh Assembly Government's new initiative "Children & Young People's Framework for Partnership"
- Informing Healthcare – technology improvements supporting the transformation of the Health Service in Wales

3.2 Local Strategic Context

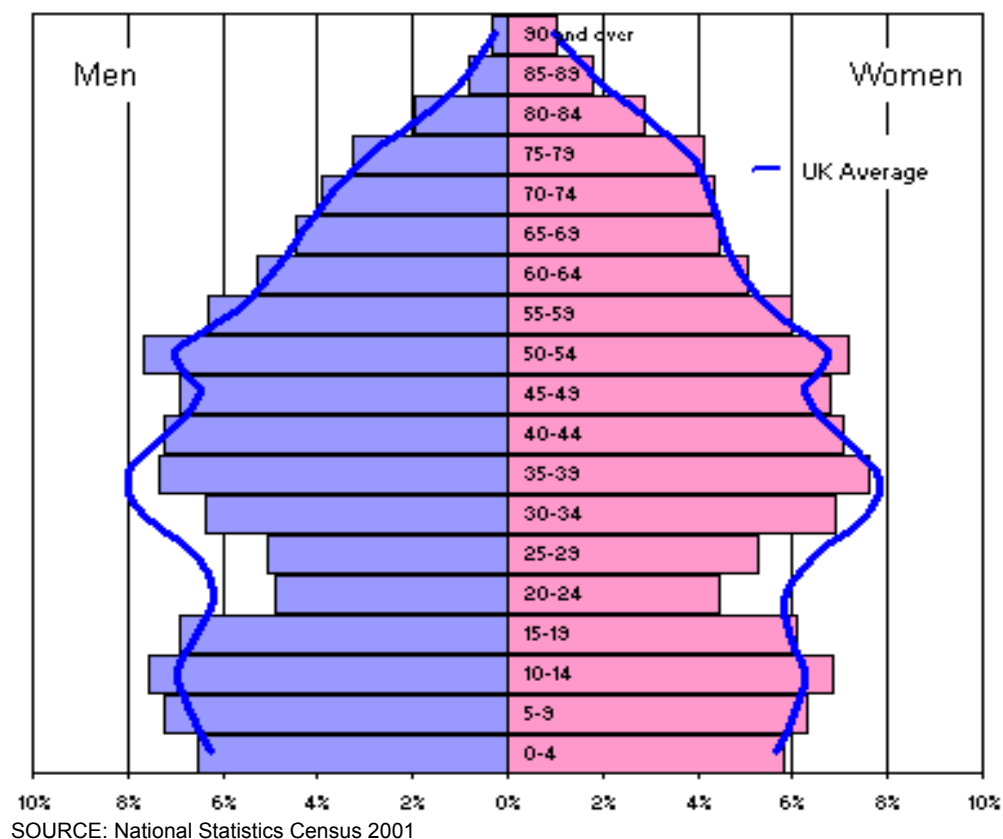
- Vale of Glamorgan LHB's vision – improving the health and well being of the population of Vale of Glamorgan
 - The Vale of Glamorgan Community Strategy which presents a collaborative vision for the Vale of Glamorgan for the next 10 years
 - The Health, Social Care and Well Being Strategy
 - The LHB's Annual Operating Framework 2008
 - The Vale of Glamorgan Council's Corporate and Service Plans.
 - The impact of the GMS Contract, specifically the future funding arrangements for premises development
 - The establishment of a Primary Mental Health Team in response to the Child and Adolescent Mental Health Strategy "Everyone's Business"
 - Its other initiatives using health inequalities funding
 - Local implementation of the Wanless Action Plan
 - Programme for Health Service Improvement (Cardiff and Vale Health Community)
 - Delivering Integrated Services (Bro Morgannwg Health Community)
- Further detail on the local impact of the strategic context can be found in Section 5.4.



4. THE CURRENT POSITION

4.1 Demographic Profile of the Vale of Glamorgan

The 2001 Census recorded about 119,300 people resident in the Vale (57,000 males and 62,000 females). Over half of the population lives in the two largest towns of Barry (40%) and Penarth (18%). The rest of the population lives in more rural areas, in small towns such as Llantwit Major, Dinas Powys and Cowbridge, and in many smaller villages, hamlets and on farms.



Over the last ten years, the total population has increased by about 1%. There has been a decrease in the number of children and an increase in the number of elderly people, a trend which is mirrored in other parts of Wales. The percentage change is greatest in those aged over 80 years (+26.2%) which is significantly greater than the All Wales figure of 19.8%.



In the next ten years the total population of the Vale is expected to be much the same. However, the number of households and the age profile is expected to change:

- The number of children (aged 15 years and under) is forecast to fall from 25,600 in 2001 to 22,800 in 2011
- The number of people aged over 65 years is forecast to rise from 20,000 in 2001 to 23,100 in 2011
- The number of households will continue to grow, from 48,750 in 2001 to 53,000 in 2011 and at the same time the average household size will reduce.

Persons	2001	2003	2005	2007	2009	2011
Age 15 and under	25.6	24.8	24.2	23.6	23.2	22.8
Age 16 to 64	73.6	74.1	74.2	74.2	73.7	73.1
Age 65 to 74	20.0	20.4	20.9	21.5	22.3	23.1
Age 75 and over	9.8	10.0	10.2	10.3	10.4	10.6
Total person	119.3	119.3	119.3	119.2	119.1	119.0

SOURCE: Vale of Glamorgan Council

80% of the Vale is rural with a strong farming tradition. More than half of the companies operating in the Vale employ fewer than 50 people. Industry is characterised by a high proportion of public and service employment, with distribution, hotels and catering strongly represented in this sector. Unlike other areas in South East Wales, manufacturing (such as aircraft maintenance and chemicals production) is a less important sector accounting for only 14% of total employment.

An important factor in the delivery of future primary care services is that around half of the resident workforce commutes along the M4 corridor to work in neighbouring areas outside the Vale. There is an established pattern of commuting into Cardiff and, to a lesser extent, Bridgend.

Since publication of the original strategy document, a number of significant planned residential developments have been progressed:

- **CF11**
Sports Village
Roath Basin

CF64
Harbour Heights

This could represent a significant challenge for the primary care estate within the Vale of Glamorgan, as practices in contract with Cardiff LHB who also cover these areas have closed lists.



- **St Athan**

Construction of DTR - estimated workers to be 1500

Defence Training Facility - estimated 5000 trainees

3000 trainers

3000 support workers

A potential population increase of 11,000 has been estimated in respect of the St Athan development. However it is acknowledged that a proportion of these individuals may be recruited from the current local or wider population. Even if the population increase is 7,500 this will have a major impact on primary and secondary care health services within the Western Vale of Glamorgan.

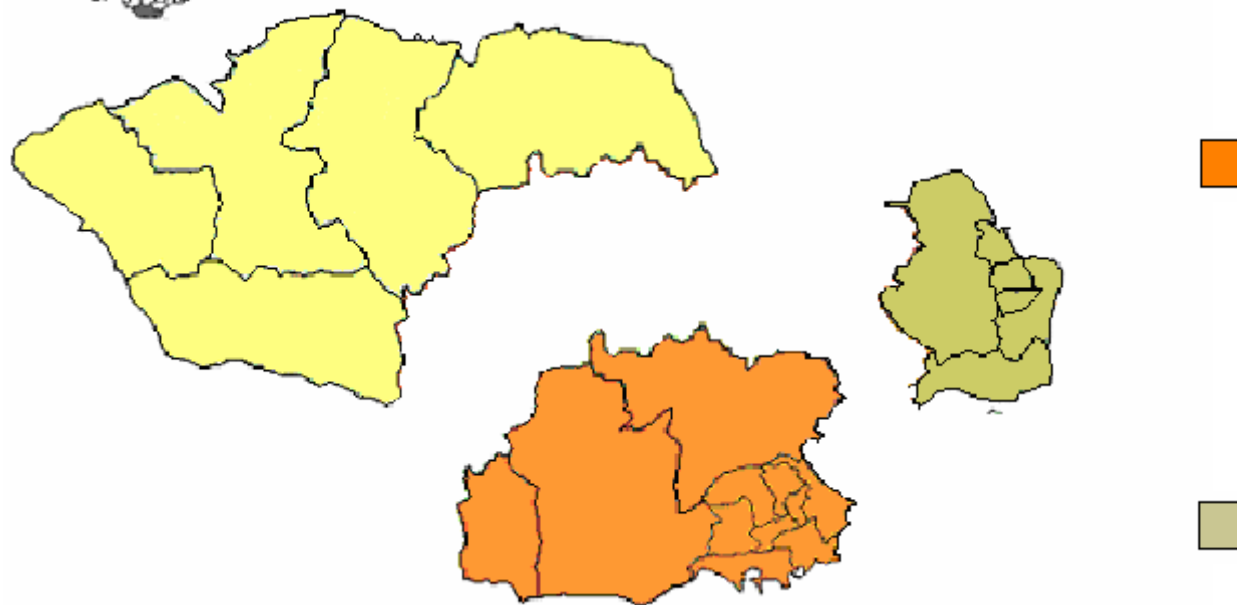
Based on the Welsh average of GP practice lists (1GP: 1658) the Western Vale could be in a position of the need to expand primary care services by 4 WTE General Practitioners.

A population increase of 11,000 equates to a 9% increase on the Vale of Glamorgan population as a whole, but of a greater concern it equates to an increase of over 30% for the population in the Western Vale specifically.



GP Registered Population of the Vale of Glamorgan

Source: Exeter System Feb 07



Western Vale – 25135 (19.6%)

Cowbridge, Llantwit Major, Llandow/ Ewenny, St. Brides Major, Peterson – Super- Ely

Local Services

GP- 3
Pharmacies – 7
Dentists – 5
Opticians - 5

Central Vale – 65560 (51%)

St Athan, Rhoose, wenvoe, Dyfan, Gibbonsdown, Court, Cadoc, Castleland, Baruc, Buttrills, Illytyd

Local services

GP – 7
Pharmacies – 12
Dentists – 12
Opticians - 6

Eastern Vale – 37636 (29.3%)

Sully, Dinas Powys, Stanwell Llandough, Cornerswell, St Augustine's, Plymouth

Local Services

GP – 7
Pharmacies – 8
Dentists – 8
Opticians - 7



4.2 The Health of the People of the Vale of Glamorgan

People in Wales are generally living longer, healthier lives than previous generations. This is particularly so in the Vale, where most indicators of health, social care and well being show significantly better scores than the Welsh average. For instance, the 1998 Welsh Health Survey summary scores for mental and physical health indicated that people in the Vale had better health than most other parts of Wales. However, Wales compares poorly with many European countries, for instance with life expectancy consistently less than the best countries in Europe and worse than England.

The Welsh Index of Multiple Deprivation (WIMD) shows that the Vale's most deprived areas suffer deprivation across poverty, employment, health, education and housing measures. In addition it shows that some rural areas in the Vale experience poor access to services.

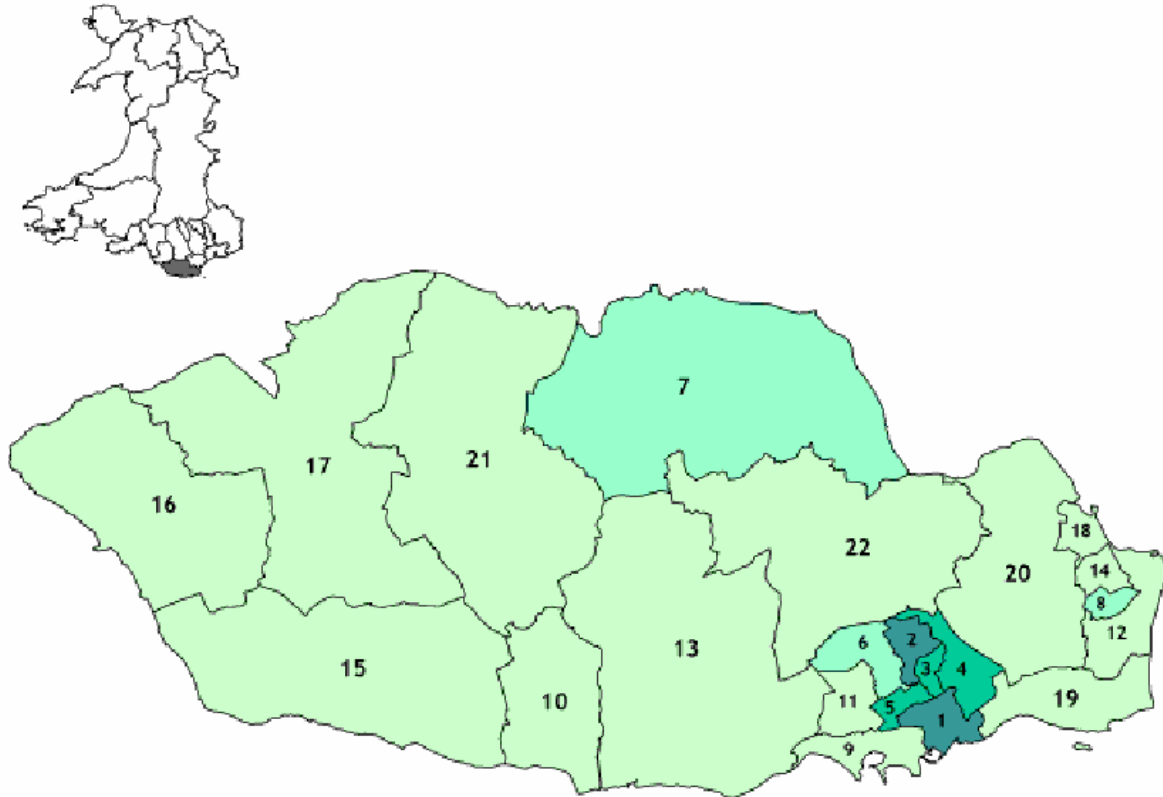
Statistics for the whole of the Vale mask differences in health status between electoral divisions and the small neighbourhoods within these areas. There are marked inequalities in health with significant variation across the Vale in levels of affluence and deprivation.

- Of the 22 electoral divisions in the Vale, 10 are among the most affluent areas in Wales.
- At the same time, others (Castlelands and Gibbonsdown in Barry) are in the top 20% of the most deprived areas in Wales, and a further 3 areas in Barry (Court, Cadoc and Buttrills) are in the top 40%.
- 21% of all households have someone who suffers from long-term illness or disability which limits their daily life

During the Construction phase of the Defence Facility at St Athan there is a significant likelihood of an influx of patients into the Vale of Glamorgan with incomplete health records. This will provide a particular challenge for Primary Care. Development at St Athan and will initially include a significant transit population. Through benchmarking processes, experience elsewhere has shown that this type of population migration can lead to particular health demands i.e. Sexual Health, Child Protection, Public Health Issues generally.



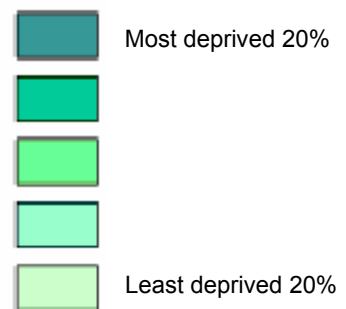
The diagram below shows the levels of deprivation by electoral division.



**The Vale of Glamorgan
1998 Electoral Divisions**

- 1. Castleland
- 2. Gibbonsdown
- 3. Court
- 4. Cadoc
- 5. Buttrills
- 6. Dyfan
- 7. Peterston-super-Ely
- 8. Stanwell
- 9. Baruc
- 10. St Athan
- 11. Illtyd
- 12. Alexandra
- 13. Rhoose
- 14. Cornerswell
- 15. Llantwit Major
- 16. St Bride's Major
- 17. Llandow/Ewenny
- 18. Llandough
- 19. Sully
- 20. Dinas Powys
- 21. Cowbridge
- 22. Wenvoe

Level of Deprivation in



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4.3 Current Service Profile

The Vale of Glamorgan LHB is responsible for commissioning primary care services as follows:

- 17 General Medical Practices with 7 branch surgeries
- 22 General Dental Practices
- 21 Optometry Services
- 27 Community Pharmacies

The LHB works in collaboration with both the Bro Morgannwg NHS Trust and the Cardiff and Vale NHS Trust who provide community based services from the following Hospitals, Health Centres and Clinics:

- Barry Hospital
- Llandough Hospital
- Cowbridge Clinic
- Llantwit Major Health Centre
- Broad Street Clinic, Barry
- Colcot Clinic, Barry
- Dinas Powys Health Centre
- Penarth Health Centre

Opened in 1995, Barry Hospital is a focus of in-patient and out-patient activity, including 23 GP beds and community dental services, as well as medical and care of older people services, rehabilitation and some secondary care outpatient clinics.

Llandough Hospital is a 480 bedded general hospital providing a range of standard medical services as well as highly specialised services including Paediatric Oncology, the Therapeutics and Toxicology Centre, the Cystic Fibrosis unit, the Diabetic Retinopathy service and Sleep Studies Centre. The hospital also supports a major academic presence, with a number of research laboratories and Professorial posts.

For other major acute sector secondary or tertiary care the residents of the Vale have to travel to Bridgend or Cardiff, or further away. By providing enhanced services in primary care it will be possible to ensure that patients can receive more of their care locally.

Typically the Health Centres and Clinics are the base for a number of primary care services as in the examples below.



Cowbridge Clinic

Surgery Dr R.D. Jones & Partners
Surgery Dr J.C. Jemmett & Partners
HV Office Base (Bro Morgannwg)
DN Office Base (Bro Morgannwg)
Clinic Clerk Office Base (Bro Morgannwg)
School Nurse Office Base (Cardiff & Vale)
District Nurses Treatment room (Bro Morgannwg)
Child Health Baby Clinic (Bro Morgannwg HV's & Clerk, Llandough Medical Officer)
Health Visitor examinations (Bro Morgannwg)
Audiology (Llandough)
Podiatry (Bro Morgannwg)
CMHT (Bro Morgannwg)
Physiotherapy (Bro Morgannwg)

Llantwit Major Health Centre

GP Branch Surgery – Dr R.D. Jones & Partners
HV Office Base (Bro Morgannwg)
DN Office Base (Bro Morgannwg)
Clinic Clerk Office Base (Bro Morgannwg)
Dental Clinic (Llandough)
Child Health Baby Clinic (Bro Morgannwg HV's & Clerk, Llandough Medical Officer)
Health Visitor examinations (Bro Morgannwg)
Audiology (Llandough)
Podiatry (Bro Morgannwg)
CMHT (Bro Morgannwg)
Family Planning (Llandough Medical Officer and Nurses, Bro Morgannwg Clerk)
Cytology
Speech & Language Therapy (Llandough)
Enuresis (Llandough)

Dinas Powys Health Centre

Dr R Llewellyn & Partners and Dr S Thomas & Partners
District Nursing (Cardiff & Vale)
Health Visiting (Cardiff & Vale)
Midwifery (Cardiff & Vale)
Child Health (Cardiff & Vale)
Audiology (Cardiff & Vale)
Clinic Clerk (Cardiff & Vale)
Citizens Advice



4.4 The Existing Estate

The Local Health Board does not own any of the properties from which services are provided within the Vale of Glamorgan. The properties are owned or leased by the GP's or owned by the Trusts in the area. The Trusts who own properties in the Vale of Glamorgan are Bro Morgannwg NHS Trust and Cardiff and the Vale NHS Trust.

The information used in the analysis of the present GP estate has been sourced from the Welsh Health Estates Primary Care Estate Information Service (PCEIS). No other survey information has been provided for use in the analysis of the current estate. The PCIS did not provide information on three of the GP premises and therefore information on these properties is not contained in the analysis.

The estate is made up from 20 GP premises and 3 Health Centres / Clinics that house GP practices. The Health Centres / Clinics are owned by the Trusts. The Vale of Glamorgan has three distinct areas. These are:

1. The Western Vale – the rural area that covers the smaller population areas of Cowbridge, Llantwit Major, Rhoose and St Athan.
2. The Central Vale – the largest population in the Vale that includes the areas of Barry and Sully.
3. Eastern Vale – the second largest populated area that includes the towns of Penarth and Dinas Powys.

The Cardiff and Vale Trust also own and manage a Community Hospital in Barry from which the LHB commission services.

The following is a map indicating the location of the main and branch surgeries and the location of hospital sites in the Vale and Cardiff.

Since approval the original Estates Strategy two surgeries have since opened, Waterfront and Highlight Park both situated within Barry. (*Appendix 1a*)



Figure 4.1 – Map of Main & Branch Surgeries and Hospitals in the Vale of Glamorgan and Cardiff



4.5 The Age Profile of the Existing Estate

The age profile chart in Figure 4.2 below indicates that a significant percentage of the premises have been provided within the last 14 years (30%). Of the remaining properties 30% are 75+ years old, 35% are 15 – 35 years old and 5% are 35 – 55 years old. None of the properties date from pre 1900 and none of the properties were built in the period 1930-1949.

The information provided within the PCIES indicates that properties have undergone modernisation, extension or conversion within the properties life. The level of these works is not detailed.



Figure 4.2 – Age Profile Chart

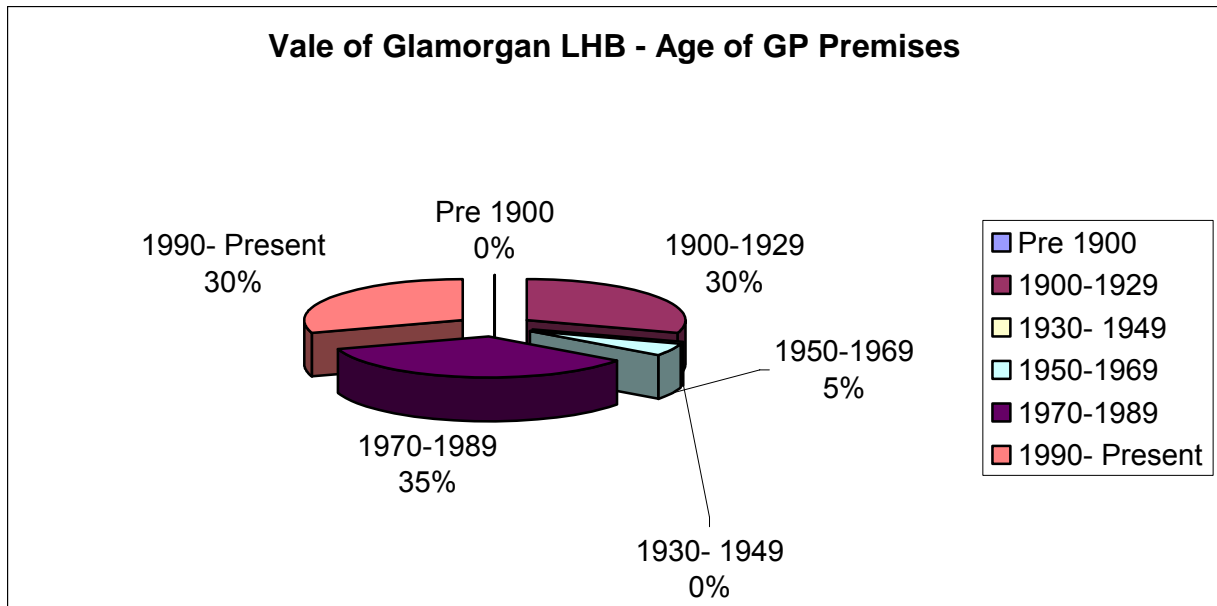
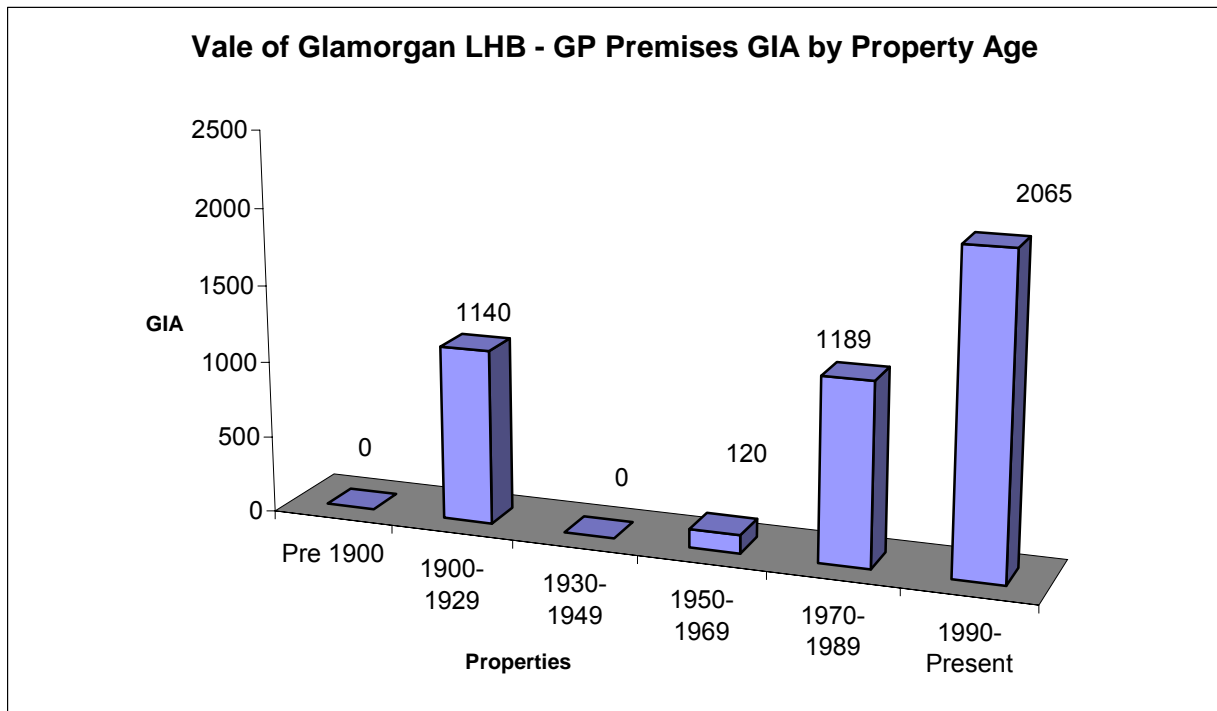


Figure 4.3 below analyses the building stock as a measure of gross internal area (GIA) within the same age periods. The total Gross Internal Area (GIA) indicated in the PCIES is 4193m².

The table indicates that a significant proportion of the building stock is 75 – 95 years old..



Figure 4.3 – Premises Gross Internal Area by Age



4.6 The Development Potential and Original Built Purpose

The PCIES information offers a comment for the development potential at each of the locations. The information is not detailed and has been analysed with some assumptions being made. The information makes an assessment of the development potential but the notes provided can be considered as:

- Yes – where the potential has been established and identified with the building or grounds.
- No – where no development potential has been indicated.
- Possible – where the comment relates to the possibility of expansion to adjoining sites that are not within the areas of the existing building.

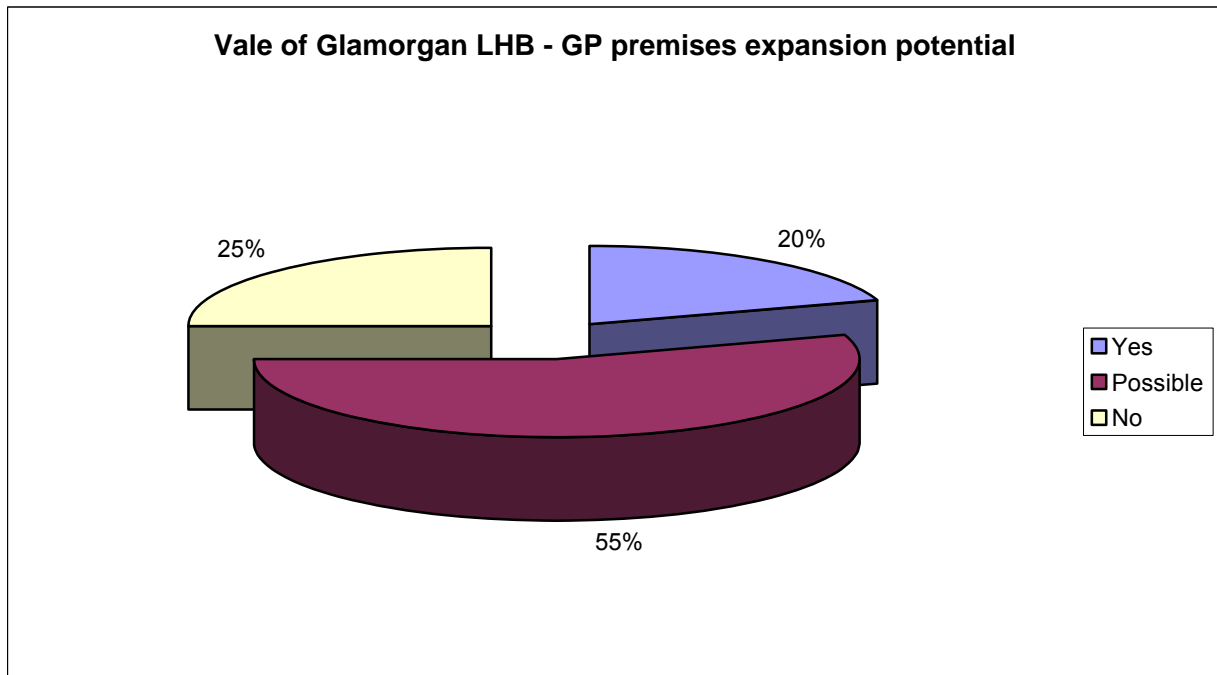
Figure 4.4 indicates that only 20% of the GP premises have definite expansion potential. There is a significant level, 55% of the properties, which indicate possible expansion. From the information provided this would require the purchase of adjoining sites or properties.

The opening of the Waterfront and Highlight Park surgery in Barry in 2007 meant that almost half the floor area in the Vale is less than 18 years old. This is a reflection



on the larger premises provided through the third party route rather than through the cost rent schedules and there is still the need to upgrade premises

Figure 4.4 – GP Premises expansion potential



The following table indicates the expansion potential for each of the three areas in the Vale of Glamorgan.

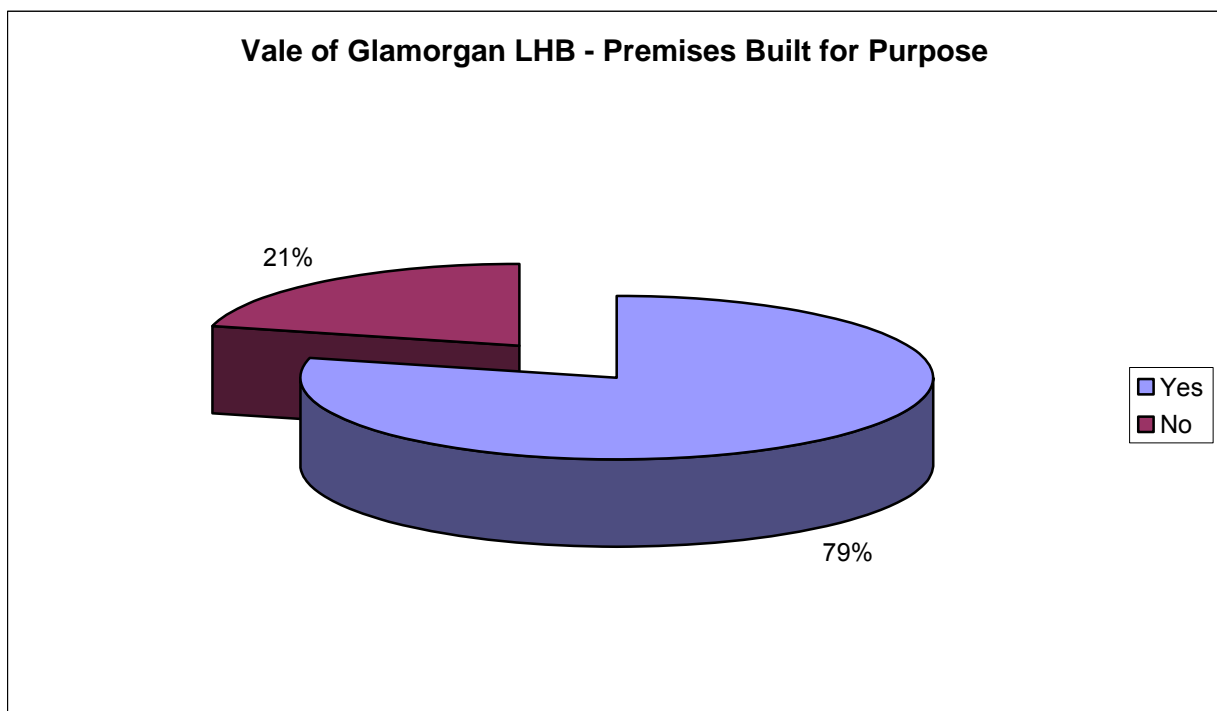
Table 4.1 – Expansion potential for the Vale of Glamorgan

Area	No with Expansion Potential	No of premises in Area	% of properties with expansion potential
Western Vale	2	7	29
Barry	3	11	27
Penarth	0	5	0



Historically GP's have located themselves to meet the needs of the area that they serve. This has resulted in the building that they occupy not always being built for the purpose of delivering General Medical Practices. The information from the PCIES, see Figure 4.4, indicates that for the Vale of Glamorgan 75% of the buildings were built for purpose.

Figure 4.5 – Premises Built for Purpose



4.7 The Survey Information

The survey information for use in the strategy has been collated and issued by Welsh Health Estates in the Primary Care Estate Information Service (PCEIS). This information has been collated and presented in a number of sections. In relation to the property information the following sections apply:

General Information

This is general information on the property location, date of construction, extension / conversion dates, the area of the building and the site, the number of storeys and whether the building was built for purpose.



Access Audits for Primary Healthcare Facilities

This section provides an analysis of the building and has used the section checklists contained in HBN 20. The information provided determines whether each section is compliant and where it is not the cost to comply has been assessed.

Condition and Backlog Maintenance

This section contains a consideration of each element of the building and an assessment of its condition and any costs required to upgrade the elements.

Functional Performance

The functional performance describes how effectively a site, building or part of a building supports the delivery of a specified service. The criteria used in the assessments have been:

Excellent
Good
Poor
Inadequate

Space Utilisation

The space utilisation analysis indicates under- or over-utilised floor space. Under-use of space is serious since it represents a waste in terms of property overhead costs, for example energy, maintenance, cleaning, capital charges and rates. Unused spaces may be difficult to re-use or release because of their physical features, scattered locations, and physical barriers to their rationalisation. Over-utilised space may impede the effective delivery of healthcare.

The criteria used in the assessment have been:

Empty
Under-used
Fully used
Overcrowded



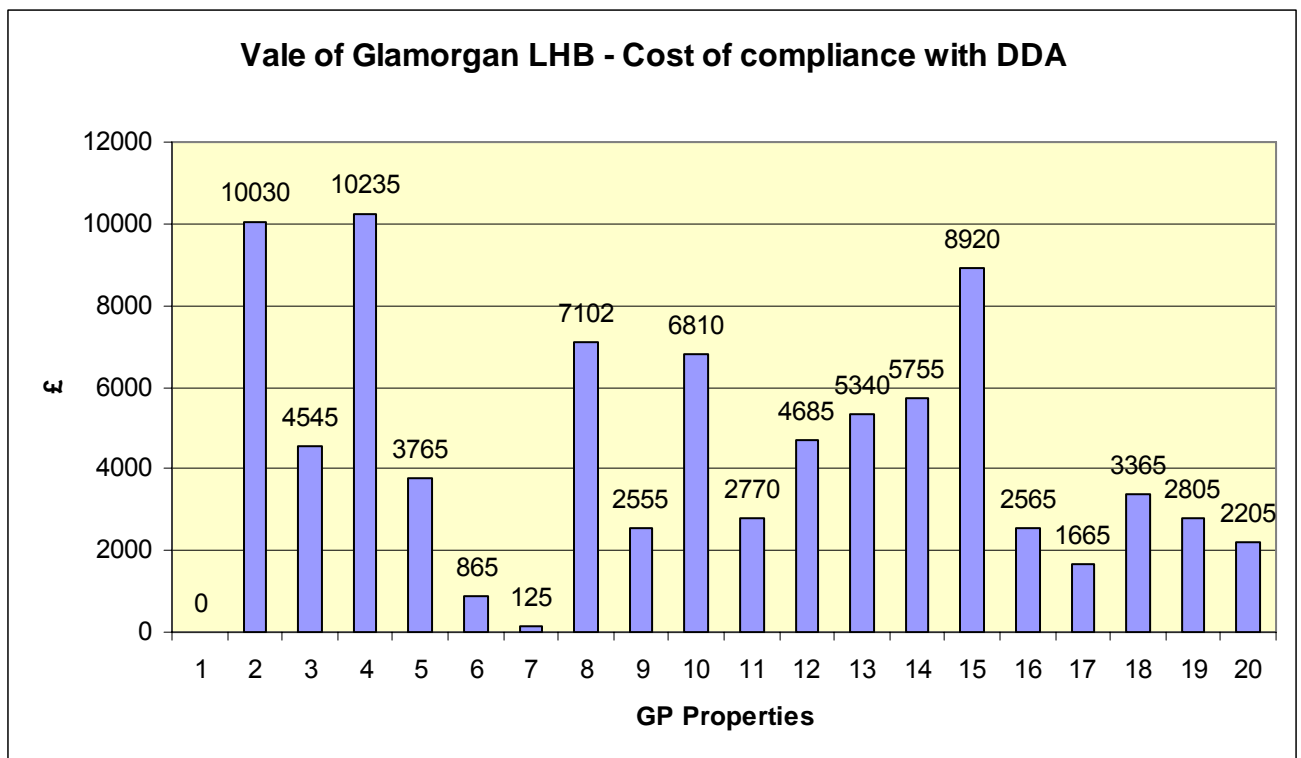
4.8 The Survey Results

The information provided in the General Information section has been used in providing the information on the age of properties, development potential and the original built purposes contained earlier in this report.

Access Audits for Primary Healthcare Facilities

The information provided by the data has been compiled into costs per building to comply with the requirements of the Disability Discrimination Act 1995 (DDA). These are contained in figure 4.6.

Figure 4.6 – Cost of compliance with DDA





The property with the highest cost to comply is £10,235. The survey information indicates that this property was built in 1990 and was purpose built. The property indicated as £0 is noted in the survey information as a property that was not purpose built, dates from 1900, was extended in 1986 and has health use over two floors but no lift. The PCEIS information was provided as a high level review of the GP estate. The LHB will have to liaise with the service providers to ensure that they establish the actions required to comply with the DDA Act.

The total cost for compliance with DDA for the properties surveyed is £86,107. The detail of this figure is not known but it is assumed that the costs are for works item costs only and do not make allowance for:

1. VAT
2. The works associated with providing protection, relocation of personnel, temporary works or hidden services.
3. Professional Fees
4. Statutory Fees

The cost per m² of the surveyed accommodation is £20.54/ m² and the average cost per building is £4,305.

Condition and Backlog Maintenance

The information provided from the PCIES has section for the consideration of the condition of the buildings, the health and safety issues and the Fire issues. These sections have not been completed and no costs have been indicated. It would be expected that the assessment would be undertaken in line with Estate code and the properties assessed and scored as follows:

- A – As new and can be expected to perform adequately to its full normal life.
- B – Sound, operationally safe and exhibits only minor deterioration.
- C – Operational but major repair or replacement will be needed soon.
- D – Runs a serious risk of imminent breakdown
- X added to C or D means impossible to improve without replacement.

Any costs that would be indicated would, it is assumed, be to bring the element up to a condition B standard.

As no costs have been indicated and no assessments of the elements have been made as indicated above the analysis of condition is not possible.

Information contained in the Welsh Health Estates report on the findings of the PCIES surveys, 'GP Surgery Premises in Wales – Condition and Performance Report' November 2003, indicates that the physical condition results are:



- A – 0%
- B – 70%
- C – 30%

Functional Performance

An assessment of the overall function scores for each property has been made. The survey information indicates that all the properties have a functional performance that has been assessed as good.

Space Utilisation

An assessment of the overall space utilisation scores for each property has been made. The survey information indicates that all the properties are fully used. This can be demonstrated by the following table that compares the present gross internal area (GIA) of the properties with the statement of Fees and allowances (April 2003 – March 2004), based on the statement of financial entitlement. The actual GIA in the existing estate is at only 42% of the present allowance.

Figure 4.7 – Comparison of GIA to SFE allowances

No of Properties	Present GIA	GIA from SFE Allowances	Variance	% of Existing GIA to allowance GIA
20	4514	10739	-5947	42

4.9 GP Questionnaires

As a result of the initial workshop it was agreed by the LHB that a questionnaire would be sent out to the GP contractors to identify a consistent range of service and premises issues. The form of questionnaire was designed and approved. It was then sent out to the 25 premises (19 main surgeries and 6 branch surgeries) from which GP primary care services are delivered throughout the Vale. A total of 12 responses were received (7 main surgeries and 5 branches) which represent a substantial overall 48% return.

From the responses it was noted that:

- 3 GPs are planning to retire before 2010
- three practices have a single retained GP
- there were no salaried GPs
- three practices were training practices
- registered population (list size) varied from 1664 at the minimum to 3250 at the maximum, with an average of 2250 which is higher than recommended with the exception of one practice, there is a range of GPs with special interests

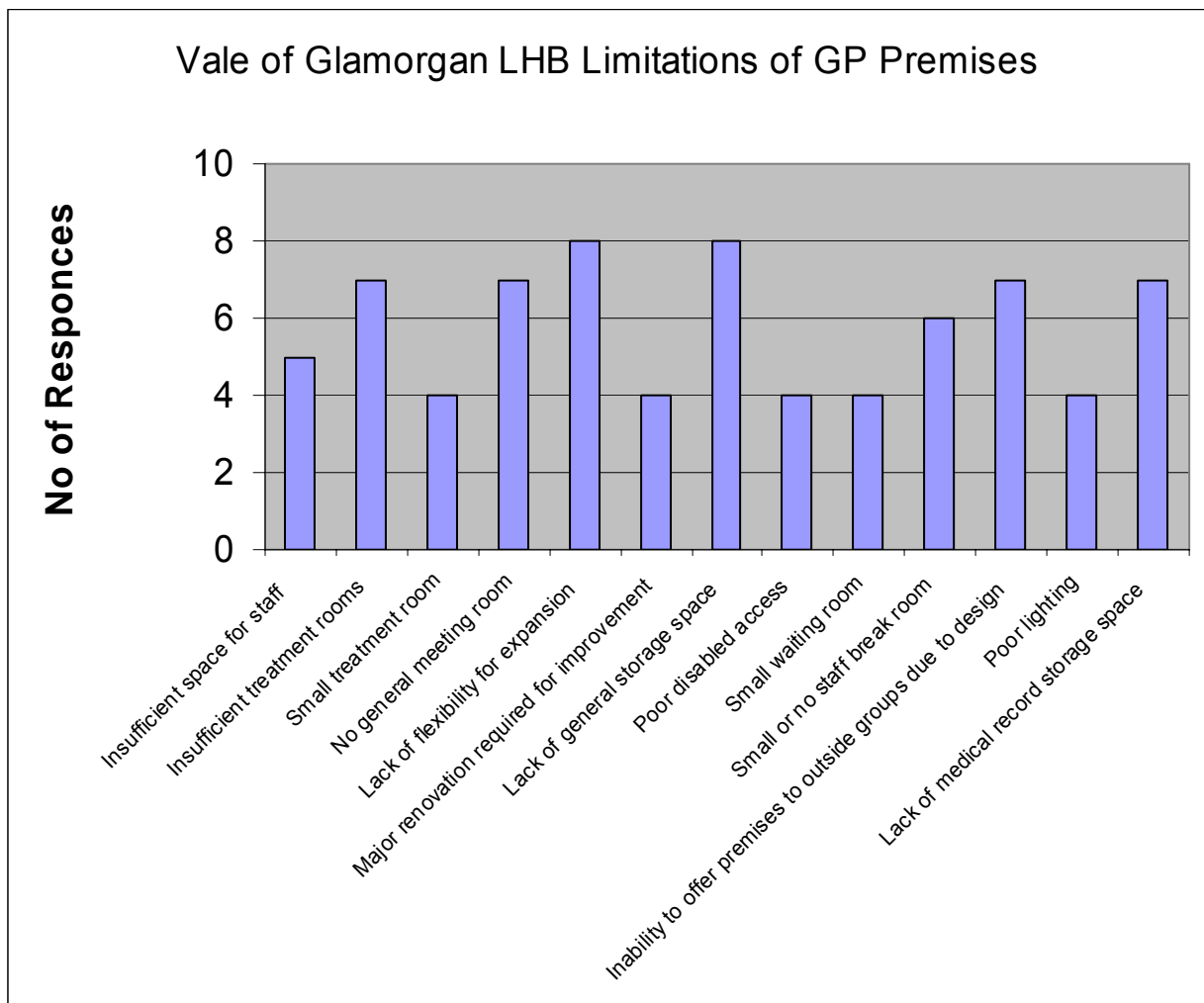


including orthopaedics, dermatology, obstetrics & gynaecology, acupuncture, CHD, COPD, asthma, diabetes, paediatrics, epilepsy, and mental health. Further analysis of what prevents the practices from providing an adequate level of service is shown in figure 4.8 below.

The key indicators of how practice buildings limit the provision of a quality service, both to patients and staff are:

- Lack of flexibility for expansion
- Lack of general storage space
- Insufficient treatment rooms
- No general meeting room
- Inability to offer premises to outside groups due to design
- Lack of medical record storage space

Figure 4.8 – Vale LHB Limitations of GP Premises

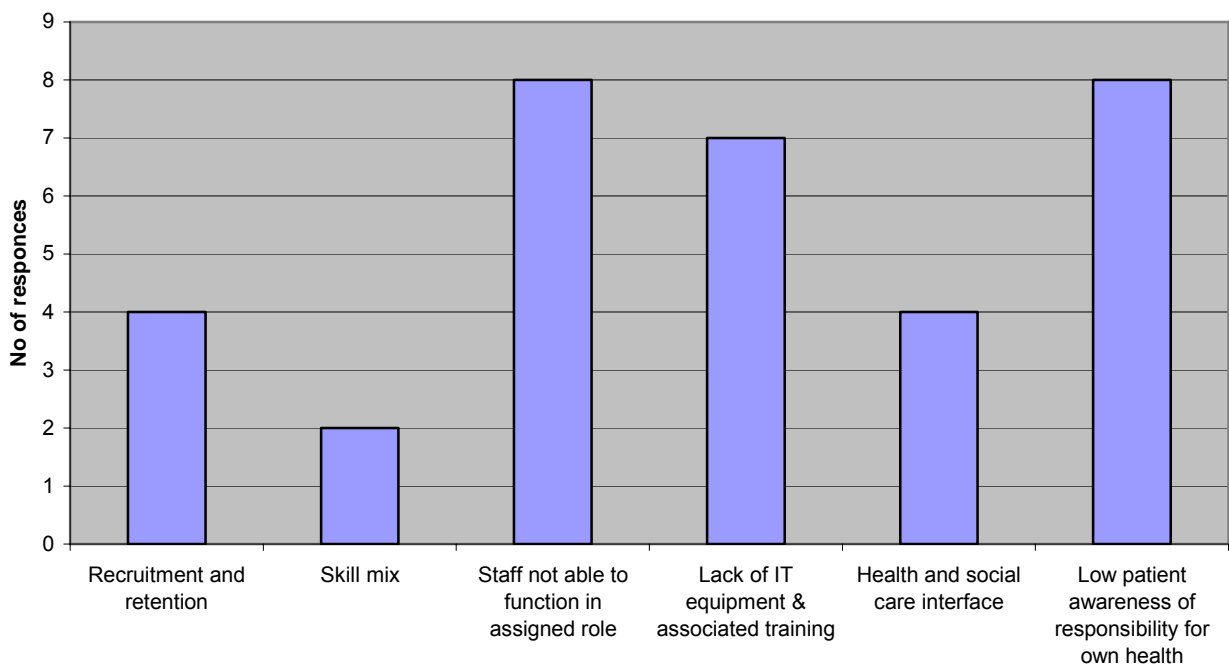




The key external factors which impact on the practices are noted in figure 4.9 below. The main factors that impact on the practices are:

- Staff not being able to function in an assigned role, e.g. nurse practitioner performing regular nursing duties due to a nursing vacancy
- Low patient awareness of their responsibility for their own health
- Lack of IT equipment and training

Figure 4.9 – Key Factors that Impact on Practices





5. WHERE DO WE WANT TO BE?

5.1 Positive Features

Although the LHB faces considerable challenges, there are a number of positive aspects to commissioning its current and future primary care services:

- **Focus on improvement:** the LHB recognises that the health and wellbeing of its resident population relies on improvement and development of high quality services
- **Willingness to change:** the LHB demonstrates this by its recognition of the need for improvement and change and a willingness to develop the strategy and processes to achieve change
- **Joint working:** the LHB has well-developed joint working relationships with both statutory and non-statutory stakeholders and partners. The strategic environment is strengthening existing partnerships.

5.2 National Service Frameworks

The introduction of National Service Frameworks is helping to develop universal best practice for many aspects of patients care. To meet the care standards detailed within NSF Guidance, Primary Care has adopted a more team-based approach to patient care. The future estate will need to reflect this team-based approach to ensure that accommodation is suitable for the new range of clinicians that will work in a primary care setting.

5.3 Impact of the GP GMS Contract

The General Medical Services contract has resulted in a significant increase in the amount of monies invested in GP services. In time a new range of services will be introduced in primary care. Increased numbers and types of clinicians will be offering services to patients in GP surgeries. This increase will put a major strain on the current facilities and significant investment in this estate will be necessary to ensure the new flexibilities under the contract are maximised for the benefit of the patient.

5.4 Impact of Local Strategies

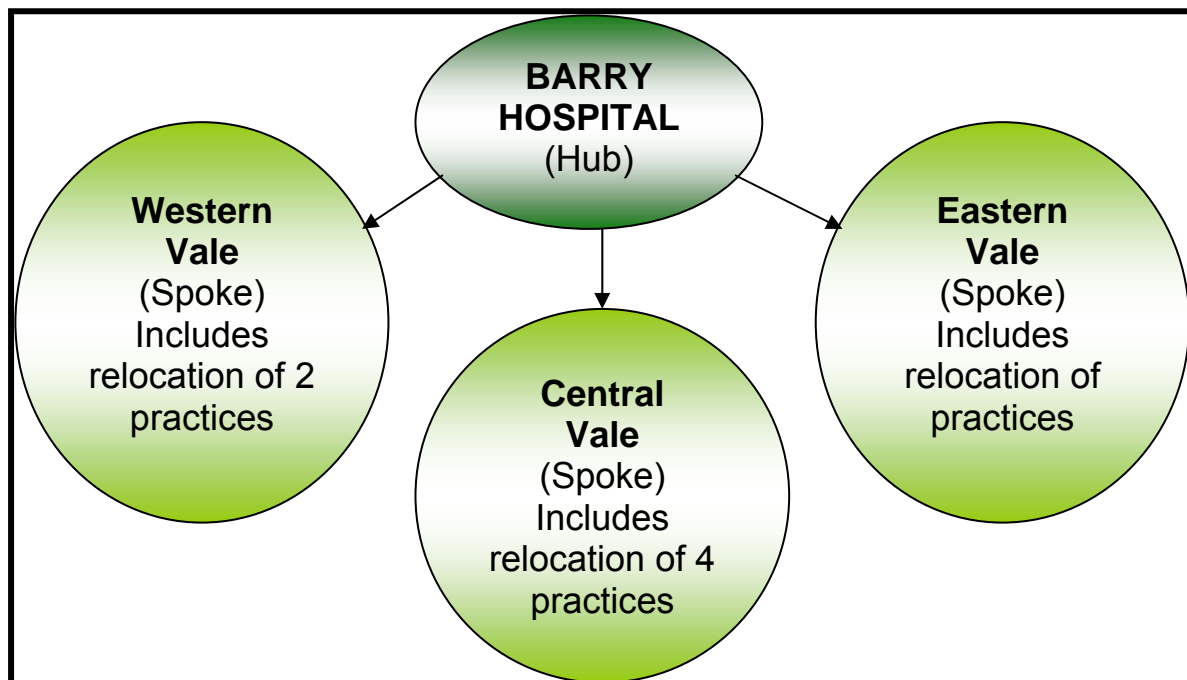
The Health, Social Care and Well Being Strategy, Closer to Home and the Wanless Action Plan has been set within the broader context of the All-Wales and regional projects. The strategic direction has been developed jointly by the LHB and Vale of Glamorgan Council in partnership with Bro Morgannwg and Cardiff and Vale NHS Trusts, the Community Health Council and the Voluntary Sector. There is



commitment from all partners to implementing the changes required to deliver an improved model of care which ensures that there is an increased focus on prevention and early intervention, where care is delivered as locally as possible across the whole social and health care continuum.

In partnership with the LHB, Cardiff & Vale NHS Trust is currently undertaking a review of its Community Services which will include an Action Plan to address the estate requirements of current and future community based services. The review will be undertaken within the context of the interface between primary care, the Trust's community services as well as NHS Direct. The ability to provide more services from GP premises or in shared facilities with other primary care services is a key aspiration.

The outcome of the Cardiff & Vale NHS Trust Community Services review is likely to point to the need to improve access to high quality primary care estate and facilities to be able to offer a wider range of community services that achieve the vision outlined in the Wanless report, the ongoing PHSI, and DIS projects.. This has led to the adoption of the "Hub & Spoke" model of development for primary care facilities in the Vale of Glamorgan.



The Hub Spoke model with a range of services available centrally at Barry Hospital e.g. diagnostics, minor injuries. Which will be complimentary to the services located within each category delivered by the primary care estates.



The Local Health Board had previously described that one of our priorities was to look at how we could better use some of our local facilities in order to provide more services 'closer to home'. We set out how we were working with our partners to put together a model for the development of Barry Hospital, and this year the LHB has begun to commission a new range of services based at the hospital or in the local community to reduce the need for people to travel for their care. These include;

- A musculo-skeletal clinic run by a local GP with a special interest in this topic
- A clinic run by a GP with a special interest in dermatology
- Community optometry services for squint and refraction problems
- A lymphodaema community service
- Plans for local glaucoma, warfarin monitoring and gynaecology services have also been agreed for implementation next year.

5.5 Local Drivers for Change

The LHB has a clear vision for promoting health in the Vale of Glamorgan, and this is set out in our Health, Social Care and Well-Being Strategy and in our delivery of Health Challenge Wales. Deciding what health services should be provided, how and where these services should be delivered and ensuring they are of the highest quality is our second main function as a Local Health Board – we call this our commissioning role. Each year, we produce an Annual Service and Commissioning Plan setting out our plans for improving and developing healthcare. Below we set out some of the key service improvements commissioned and delivered in 2005-06.

The 'Vale of Glamorgan Health, Social Care and Well-being Strategy' has been recently re-written and covers the period 2008 – 2011. The strategy sets out how the Vale of Glamorgan Local Health Board and Council work together to address the issues that impact upon health and provides an 'umbrella' under which detailed plans are taken forward. A Partnership Board oversees the Health, Social Care and Well-Being work, and a Local Commissioning Group oversees the improvement of local services. Members of these groups come from a range of backgrounds, including the Local Health Board, Council, the Voluntary Sector and NHS Trusts.

Health Challenge Wales is the national focus for preventing ill health, focusing on reducing levels of smoking, obesity, accidents and injuries, infections, substance misuse and promoting the positive effects of physical activity and a healthy diet. These messages are the key focus for the work of our Local Public Health Team, part of the National Public Health Service (NPHS) and based in the LHB offices.

The Vale of Glamorgan continues to benefit from a very active Community Safety Partnership, comprising members from the local authority, LHB, Police, Fire Service, Neighbourhood Watch and local business. The Partnership works to provide a safer local community environment and this year has further expanded the CCTV coverage in 'hotspot' areas, continued to build upon the successful local police



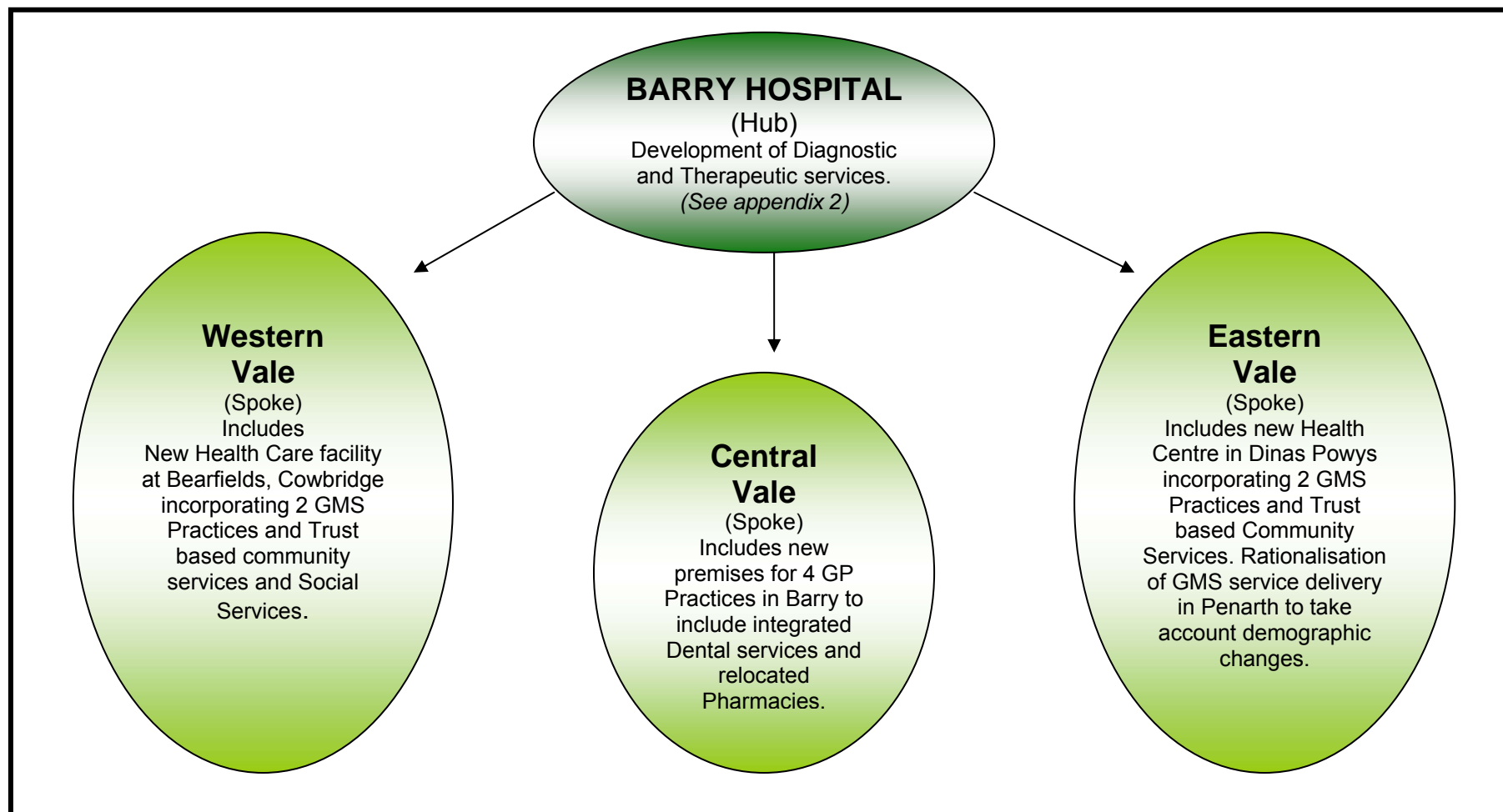
operations targeting burglary and car crime, and has worked with local voluntary organisations to provide a centre in the Vale of Glamorgan providing support services for people with substance misuse problems.

5.6 Summary of Case for Change

The current estate is almost fully utilised with only limited room for expansion, at existing sites. To ensure that primary care is able to respond to the agenda detailed in the PHSI and DIS programmes, closer to Home, the Health Social Care and Well Being Strategy and the Wanless report the current estate has been developed to encompass the needs of the population now and for the next 10 years.. In order to ensure value for money this expansion must take place within an overall estates framework that has been based on the long-term strategic plans for changes to the services. The role of primary care must be integrated with all parts of the NHS to ensure that services are provided in the most appropriate setting from both the patients and professionals perspective.



6. VISION OF THE FUTURE SERVICE MODEL





6.1 Strategic Pattern of Service Planned/Envisaged

The vision is of a reconfigured pattern and range of primary care services delivered as close to patients as possible.

The future of primary care in the Vale is based on a mixed economy of smaller and larger premises from which increasingly integrated primary and community health and social care services can be delivered.

It takes into account wider issues such as:

- Changing patient expectations
- Changing staff roles and practice
- Technology and best practice impacts
- Flexibility for the future

6.2 Operation of the Proposed Service Model

The PHSI and DIS projects together with Closer to Home and the Wanless Agenda envisages a shift from secondary to primary care and an increased range of services provided in a primary care and community settings. To locate these services, the size of the current estate will have to be increased significantly. The development of this estate will need to reflect the demand for services and ability of the NHS to supply these services in a local setting.

Services provided in the GP surgeries will be based on contracts agreed between the LHB and GP practices. The GP practices will provide the service in line with agreed quality standards and will receive agreed remuneration. Some services may be provided within one GP surgery by a specialist practitioner from another, whilst other services may be provided locally for the GP practice at an alternative setting.

Many exciting possibilities are presented by role changes (GPs with special interests, nurse practitioners, extending pharmacy practice, ambulance/emergency practitioners etc), evolving care pathways and integration of health and social care teams to create seamless services for patients.

Existing and new services will be developed in line with national and local strategies and in consultation with partner organisations.

6.3 Summary of the Model

A portfolio of services will be provided locally at selected GP surgeries or other community settings (a diagram of the portfolio can be found in Section 8.3). The GPs will provide many additional services in their surgeries. The location of each



service will need to be considered on an individual basis after consultation with the various partner organisations. If a service cannot be provided at a GP surgery then the LHB will need to consider providing the service locally, in an alternative setting.



7 HOW DO WE GET THERE? – THE PROCESS

This section of the strategy considers how the LHB came to develop the original Primary Care Estates Strategy published and accepted by the Welsh Assembly government in 2004.

Based on the information at the time the following options, and processes were followed:-

7.1 Development of Options

The workshops with the major stakeholders and the LHB Managers sought the views of the membership and posed a number of questions. These revolved around the following:

1. What are the locality issues, and;
2. What do you want from your primary care services

The workshop considered the locality issues and issues generally. The results of these considerations were:

- Lack of infrastructure.
- Linked up working not developed.
- Wanless allocation not adequate to assist delivery.
- Facilities not adequate for provision of services – no expansion available.
- Services available but no space to provide – managed at present.
- General access issues of DDA.
- Patient ‘ownership’ between primary and secondary care.
- Lack of collaborative working although changing.
- Primary care premises do not allow for collaborative working.
- Team approach relies on ‘goodwill’ of professionals.
- Pharmacy ‘consultation’ as part of a health promotion programme.
- Difficulties in developing partnerships between health and social care developments.
- Western Vale cross-boundary issues (Trust and Local Authorities).
- Uncertainty around GMS contract (services and social/health/voluntary inclusion).

The stakeholder group considered what they would want from their primary care services. The result of these discussions was:

- Quick access when required.
- Better appointment management.
- Co-location of services for improved choice.



- Physical accessibility (DDA – access for parents).
- Accessibility – location of facility.
- Patients accessing GPs appropriately.
- Accessible information to improve patient choice/health information.
- Primary care lead – awareness for patients/public.

The purpose of the workshops was not to define, evaluate or eliminate any options but to provide a basis for the options to be appraised through the development of non-financial benefit criteria. Following the stakeholder workshops and discussions with the LHB management the following options were developed.

Option 1: Do nothing

This option is self-explanatory and is considered only as a baseline against which future options can be compared. It is based on an assumption that the existing property portfolio will remain and is maintained in its present condition and performance.

Option 2: Do minimum

This option would be similar to the 'Do Nothing' option and would rely on the existing properties to deliver future services. There is an assumption that issues such as backlog maintenance and poor condition and performance would be addressed where it is technically feasible and economically viable to do so. Hence, there would be general improvement in condition and performance of the existing properties.

Option 3: Centralise

This option takes a more radical approach and assumes a significant rationalisation of existing primary care properties down to a much smaller number of properties, Primary Care Resource Centres. These centres would be relatively large properties that would house and co-locate multi-disciplinary health and social care teams (and possibly other agencies i.e. voluntary organisations). The underlying theme of this option is to bring together services under one roof – new primary care resource centres as envisaged in the consultation document 'Improving Health in Wales: The Future of Primary Care'.

Option 4: Decentralise

This option is based around an assumption that the future property portfolio would follow a strategic aim of decentralisation. Hence, it envisages a larger number of smaller properties, likely to include many of the existing properties. It would consider significant investment in upgrading and improving existing buildings as well as acquiring new ones. It might also involve the use of the other agencies' properties to deliver health services e.g. community centres/halls, leisure and recreation centres etc. The development of this option would need to be provided in areas where current provision of premises is poor.



Option 5: Hub and Spoke

Again, this option envisages a significant rationalisation of the existing property portfolio to an overall smaller number of buildings but this time based around a series of 'hubs' (larger primary care / resource centres) and a network of 'Spokes' (some of which would be existing larger GP premises). The proposed distribution of 'Hubs' and 'spokes' will be developed through discussion with all interested parties.

Option 6: Co-location with retail/commerce

This option envisages a radical approach whereby the future property needs would be integrated with other retail and commercial sectors. The underlying theme of this option would be to deliver primary care services from supermarkets, shopping centres, Health and Leisure centres etc.

Option 7: Co-location with Local Authority services

This option envisages an approach of integration. The provision of services from Local Authority Facilities would be considered to deliver primary care services. The delivery on this basis requires full integration with the Local Authority for the expansion of their present property portfolio and joint developments in the future.

Option 8: Primary care in the patient's own home

This option envisages focusing future investment to bring primary care services to the patient in their homes. This may require a greater investment in additional staff than buildings and would almost certainly involve embracing new technologies in information transfer. There would still be a need for primary care premises but these would be focused on more complex procedures and diagnosis and the property portfolio would need to reflect this requirement. This option would need to reflect a different way of working where the main reason for staff coming to the building would be to network and work collaboratively with colleagues rather than to treat patients.

Option 9: Mobile equipment and transport systems

This option envisages taking services to communities using transport and mobile equipment etc. e.g. mobile dental services. It recognises that in reality, buildings will still be needed but seeks to maximise the range of services that could be 'mobilised' and moved nearer the patient.

Option 10: LHB site ownership/leases

This option seeks to address the issue that many so-called 'Brownfield' sites are available and are relatively inexpensive to acquire. Hence, the LHB should seek to maximise the value for money potential that these sites provide and purchase the sites in areas where the services are required. This option envisages intrinsic links between the development of primary care premises and development in local regeneration zones.



7.2 Consideration of Options

A formal process to consider the long list of options was established.

- | | |
|---------|---|
| Stage 1 | A stakeholder workshop |
| Stage 2 | A review and appraisal by the LHB Executive Board |
| Stage 3 | A short listing of options by the Primary Care Working Group. |

The LHB Primary Care working group consists of a cross-section of stakeholders and LHB managers involved in the Estate strategy workshops.

Following a review and appraisal by the LHB Executive Team of the options from the long list, options 3, 4, 6, 8, 9 and 10 were discounted. The table indicating the reasons for discounting these options is contained in Appendix 1.

These options, although discounted at this stage, will have to be considered again as possible methods of delivering the strategy within the business case stage of the strategy.

7.3 The Short List

The following options were short listed by the LHB Executive Board:

- **Option 1 – Do Nothing**
- **Option 2 – Do Minimum**
- **Option 5 – Hub and Spoke**
- **Option 7 – Co Locate with Local Authority**

7.4 The Evaluation of the Options

The appraisal was based on defined and weighted non-financial benefit criteria. The purpose was to determine the preferred option.

To determine the preferred option the following process was agreed:

1. Identify a **long list of options** to deliver the desired service outcome.
2. Define **non financial benefit criteria**. A number of criteria were developed from the stakeholder day. These were to be reviewed and amended. It was recommended that no more than 10 benefit criteria be considered.
3. Agree a **weighting** to be applied to each of the various non financial benefit criteria.
4. Review the **long list** of options and agree a **shortlist of options** (suggested no more than three).



5. **Score** each of the identified short listed options against the weighted non-financial benefit criteria.
6. Apply the determined **weighting** to the score for each of the short listed options to determine the weighted overall score.
7. Identify the **preferred option**.
8. Apply a **sensitivity analysis** in order to validate the weighted assessment of the preferred option.
9. The **financial assessments** will then be applied to each of the short listed options.

7.5 The Development of the Benefits Criteria

The long list of the potential options was reviewed resulting in the short list of options agreed as:

- **Option 1 – Do Nothing**
- **Option 2 – Do Minimum**
- **Option 5 – Hub and Spoke**
- **Option 7 – Co Locate with Local Authority**

The benefits criteria were developed through the stakeholder workshops and the discussions with the LHB management. The benefits considered those that were developed at the stakeholder group and main drivers for primary care in the Vale of Glamorgan. The following were the benefits that were raised at the stakeholder group.

- Access when required.
- Accessible information to improve patient choice/health information.
- Patients accessing GPs appropriately.
- Co-location of services.
- Improved choice of services.
- Better appointment management.
- Accessibility – location of facility.
- Primary care-led awareness for patients/public.
- Physical accessibility

After discussions with the LHB management and after considering those benefits developed within the stakeholder group, a defined series of benefits was developed against which each of the options would be assessed. These benefits were:



Benefit Criteria	Definition
Better Access to Services	<ul style="list-style-type: none"> ● Provides faster access for assessment 24 hours a day, 7 days a week, ● Provides locally accessible services, via for example the new locality resource centres ● Meets diversity of need via, for example, women's only services and ethnic minority services
Improved Clinical Quality	<ul style="list-style-type: none"> ● progressive pattern of integrated services ● improved response times; greater continuity of care by integrating Health and Social Care Teams working in joint bases; promoting a community focussed model of care
Improved Environmental Quality	<p>The provision of modern, purpose-built, facilities will: -</p> <ul style="list-style-type: none"> ● Provide good functionality, meeting expectations in terms of privacy and dignity ● Reduce risk of facilities failure ● Reduce risk arising from health and safety backlog maintenance ● Provide a safe, secure and appropriate environment for patients and staff ● Provide an environment enhancing the well being of service users ● Provide flexible, adaptable facilities able to respond to future service changes
Development of Existing and Provision of New Services	<ul style="list-style-type: none"> ● Provides the full spectrum of quality services and facilities ● Develops fair service provision, across all geographic areas ● Facilitates and enables real choice, and real alternatives to hospital admissions, via the development of community services ● Provides a comprehensive range of services, reflecting views of users and carers ● Provides care tailored to individual need
Promotes Partnership Working	<ul style="list-style-type: none"> ● The facilities are located to encourage the partnership between health and social care. ● The integration of the services are encouraged by the approach to the design and strategy for the estate.
Improved Quality of Service Relationships	<ul style="list-style-type: none"> ● Provides clearer care pathways ● Improves links and shares expertise across primary , secondary care and social services ● Promotes joint commissioning
Meeting National, Regional and Local Policy Imperatives	<ul style="list-style-type: none"> ● Facilitates delivery of WAG key deliverables ● Facilitates delivery of NSF key deliverables ● Provides for patient privacy and dignity via for example the provision of modern, purpose-built facilities ● Facilitates joint planning, commissioning and delivery of services
Meeting Training, Teaching and Research Needs-Improved Recruitment and retention	<ul style="list-style-type: none"> ● Supports a learning environment ● Facilitates the development of specialist skills through the development of GPSIs ● Provides for effective service evaluation, via clear service criteria ● Ensures continued Royal College of GP accreditation ● Provides a safe and healthy working environment via the provision of modern facilities ● Promotes team working and flexible professional boundaries ● Supports staff involvement and local decision making
Meeting to objectives of the Wanless Report	<ul style="list-style-type: none"> ● Reshaping services to focus on prevention and early intervention ● Break down the barriers between Health and Social Care ● Move from Acute to community facilities
More Effective Use of Resources	<ul style="list-style-type: none"> ● Encourages efficient use of estate ● Encourages efficient use of staff and their skills through the development of service model ● Reduces backlog maintenance costs



7.6 Non Financial Benefit Appraisal

The criteria contained in the previous table were reviewed and agreed by the Executive Board of the LHB as those that would be used in the options appraisal for the strategy. The Executive Board weighted the benefits out of 100%; the higher the percentage, the more important the Executive Board considered the benefit.

The following was the result of the weighting of the agreed benefits:

	<i>Criteria</i>	<i>Weighting</i>
1	Access to services	10
2	Improved clinical quality	15
3	Improved environment quality	6
4	Develop existing and new services	5
5	Promotes partnership working	10
6	Improved quality of service relationships	10
7	Meeting policy imperatives	8
8	Meeting training, teaching and recruitment	8
9	Meeting Wanless objectives	20
10	More effective use of resources	8
	Total	100

The Executive Board agreed that the option appraisal would be scored by its Primary Care Working Group. The Group agreed the scores for each of the short listed options against the benefits criteria. For the purposes of generating a consistent assessment, the values of the scores ranged from 0 (poor) to 10 (good).

The following is the result for the 'Hub and Spoke' option that demonstrates the method of assessment using the consensus score of the Primary Care Working Group.



<i>Criteria</i>	<i>Weighting</i>	<i>Score (Max 10)</i>	<i>Weighted Score</i>
Access to services	10	6	60
Improved clinical quality	15	8	120
Improved environment quality	6	9	54
Develop existing and new services	5	9	45
Promotes partnership working	10	8	80
Improved quality of service relationships	10	10	100
Meeting policy imperatives	8	8	64
Meeting training, teaching and recruitment needs	8	7	56
Meeting Wanless objectives	20	10	200
More effective use of resources	8	8	64
Total	100	83	843

The following was the result of the scoring of the options by the Primary Care Working Group:

<i>Options</i>	<i>Name</i>	<i>Rank</i>	<i>Weighted Score</i>
1	Do Nothing	4	232
2	Do Minimum	3	276
3	Hub and Spoke	1	843
4	Co-locate with LA	2	545

The Hub and Spoke option was the preferred option resulting from the options appraisal process.

7.7 Sensitivity Analysis

As with any option appraisal that is developed on a weighted basis it is important to test the results by implementing a sensitivity analysis of the results. The results were recalculated by applying equal weights for each of the benefits. The results of the sensitivity analysis are shown on the following table.



<i>Options</i>	<i>Name</i>	<i>Rank</i>	<i>Weighted Score</i>
1	Do Nothing	4	230
2	Do Minimum	3	280
3	Hub and Spoke	1	830
4	Co-locate with LA	2	540

This table indicates that by applying an equal weighting to the benefits the ranking and the preferred option remain the same.

7.8 Evaluation of options in terms of cost

The capital and revenue costs for each of the shortlisted options were developed. The following table demonstrates the capital costs of the options.

Option	Description	New Build / Upgrade	Upgrade	Total
1	Do Nothing	£0	£0	£0
2	Do Minimum	£0	£86,107	£86,107
5	Hub and spoke	£18,826,047	£7,635	£18,833,682
7	Co - locate with Local Authority	£9,413,024	£10,152,000	£19,565,024

Notes:

1. The figures for the new build have been established using the capital costs for GP premises obtained from paragraphs 51 and 56 of the statement of fees and allowances and based on the numbers of practitioners in the practices. See the detailed description in section 8.3
2. The figures for the DDA / condition works contained in the upgrade costs have been established from the 'GP Surgery Premises in Wales – Condition and Performance Report' November 2003.
3. The level of co-location with the Local Authority cannot be established at this time. It has been assumed that 50% of the development under this option would be new building and 50% would be refurbishment or upgrade of Local Authority building at an allowance of £1,500/m².

This table clearly shows that the 'do nothing' and the 'do minimum' options indicate no investment and therefore provide no opportunity for the development or expansion of services. Based on the assumption that co-location with the Local Authority will involve a mixture of new build and upgrade it is the most expensive capital option. The hub and spoke has a lower cost than the co-location option.

The revenue costs have been considered for the options and are demonstrated in the following table.



Option	Description	Existing Revenue Costs	Anticipated Revenue Costs	Indicative Revenue Gap
1	Do Nothing	£582,996	£582,996	£0
2	Do Minimum	£582,996	£582,996	£0
5	Hub and spoke	£582,996	£ 1,842,960	£1,259,964
7	Co - locate with Local Authority	£582,996	£ 1,842,960	£1,259,964

Notes:

1. The figures for the revenue for the new build have been established using the present notional rent allowances for recent GP developments at £150/m². See the detailed description in section 8.3
2. The revenue costs for the co-location option have been considered to be as the provision for the hub and spoke approach and the same level of facility would be required to deliver within the co-location.

The revenue assessment has been based only on the present costs to the LHB and the anticipated future costs. The Hub and Spoke and the co-location option both indicate the same revenue costs but may be affected in the future by the possibility of the LHB owning and developing the properties in which capital charges and the life cycle costs would directly affect the affordability issues. The co-location with the Local Authority may mean that the LHB would attract capital charges relating to rental or through costs. If the facilities are owned or developed by the Local Authority then they may require the primary care element to contribute to the capital charges costs that would apply to the Local Authority facility.

Both the capital and revenue assessments indicate that the preferred option demonstrates value for money.

7.9 Evaluation of options in terms of risk

The options for the Co-location with Local Authority and the Hub and Spoke were discussed through the appraisal process with the stakeholders, Primary Care Working Groups and the LHB Board. The following is a table indicating the risk issues raised for each of these options. This table demonstrates that the various groups considered there is greater risk associated with the co-location with Local Authority option than the Hub and Spoke option.



Option	Risk Level		
	H	M	L
Co-located with Local Authority			
1. Location of developments needs to satisfy the needs of the local authority and the health requirements may be compromised.		√	
2. Programme for delivery depended on the Local Authority programme.	√		
3. Availability of land for premises that would be significantly larger than a stand alone primary care facility.	√		
4. Co-ordination issues with capital and revenue from two different sources.	√		
5. Co-location in existing Local Authority premises may require GP / LHB to compromise on the suitability of premises over location.		√	
Hub and Spoke			
1. Availability of land for spoke developments			√
2. Land availability for the hub developments to allow for the ongoing development of services.		√	
3. Reliant on the movement of services from secondary care to primary care to be establish the content of the Hubs and Spokes		√	

7.10 The Preferred Option

The option appraisal process and the subsequent analysis of the costs and risks have led the LHB and stakeholders to conclude that the option 5 Hub and Spoke is the preferred option.

7.11 Present Day Application

In November 2007 the Primary Care Estates Strategy was reviewed and an addendum published to reflect the current Health Social Care and Well Being Strategy, Closer to Home and the work-streams within the Programme for Health Service Improvement and also Delivering Integrated Service projects. The hub and spoke model was re-affirmed as the preferred model for the delivery of primary and community services. The 2004 strategy and the addendum of 2007 were merged in January 2008 in line with WAG requirements.



THE FUTURE ESTATE MODEL

The future model was confirmed as a Hub and spoke concept in January 2008, and this reflected the work based on the virtual ward model developed in Croydon, as well as the work-stream outputs from the PHSI and DIS programmed of work.

The model requires that the LHB in developing the service model needs:-

1. To consider the estate to meet the needs of the future service model.
2. To consider the needs of the estate to provide for the three defined areas of the Eastern Vale, Central Vale and the Western Vale.
3. To consider the possible affect on the primary care services of the developments in the Vale

The estate model was developed to indicate the likely possibilities for the implementation of the Hub and Spoke option. The basis of the Hub and Spoke option envisages a significant rationalisation of the existing property portfolio to an overall smaller number of buildings based around a series of 'hubs' (Local Health Treatment Centres) and a network of 'Spokes' (Community Resource Centres and also GP premises).

The basis of the model for the purpose of this strategy is based on the statement of financial entitlement for the practitioners which the present estate caters for. The intent of the LHB is to work together with the other independent primary care contractors and social care organisations to develop a co-ordinated approach to the delivery of services to the population of the Vale of Glamorgan. The effect of this co-ordinated approach on the present estate cannot be assessed at this time but will be developed as the delivery of the strategy evolves.

The estates reconfiguration plan has been developed as a model but the development of any model will be influenced by the following:

1. The implementation of the GMS contract.
2. The results of the PHSI and DIS projects by Cardiff and the Vale Health Community and Bro Morgannwg Health Community
3. The results of the Health Needs Assessment for the Vale of Glamorgan.
4. The development of a Primary Care Strategy.

The model described above refers to GP premises, however it is intended as the blueprint for future development with all other primary care contractor services (dentists, pharmacists, optometrists), the NHS Trusts, the Local Authority, together with the voluntary and independent sectors.



7.12 Developments in the Vale

The Vale of Glamorgan has a number of developments that may affect the way in which the primary care services are or could be provided in the future.

Barry Hospital

Barry Hospital is a community hospital located in the Northern area of Barry. The hospital provides a number of services for the area – Rehabilitation, Day Hospital, Outpatients suite, Out of hours and GP lead intermediate care beds.

The use of the Hospital is presently under review. This site provides an ideal opportunity for the location of a Primary Care Resource Centre for the Central Vale area, as reflected in the LHB's Wanless report.

Project Red Dragon

Project Red Dragon is the redevelopment of the St Athan RAF base. The redevelopment has commenced with new hangars being built to provide a commercial aircraft servicing and avionics based commercial developments area. The project involves the Welsh Development Agency and Defence Estates. Part of the overall development is the possibility of a joint MOD / Primary Care health facility. This work is ongoing with the WDA, Defence Estates and the LHB.

7.13 The Estate Reconfiguration Plan

The estates reconfiguration plan has been considered across the three areas of the Vale. The information for the reconfiguration has been based on the following table that indicates the present gross internal floor area (GIA), the number of actual practitioners (based on the actual number of practitioners, not whole time equivalent), and an assessment of the allocation to main and branch), the GIA allocation based on the present allocations per practitioner and the present revenues costs.

The following table demonstrates that the present estate falls below the present building allowance (39% of the present allowance) but it should be noted that information on 3 of the properties was not available. The table indicates that the estate presently provides space for 82 practitioners and has a revenue cost of £582,996.

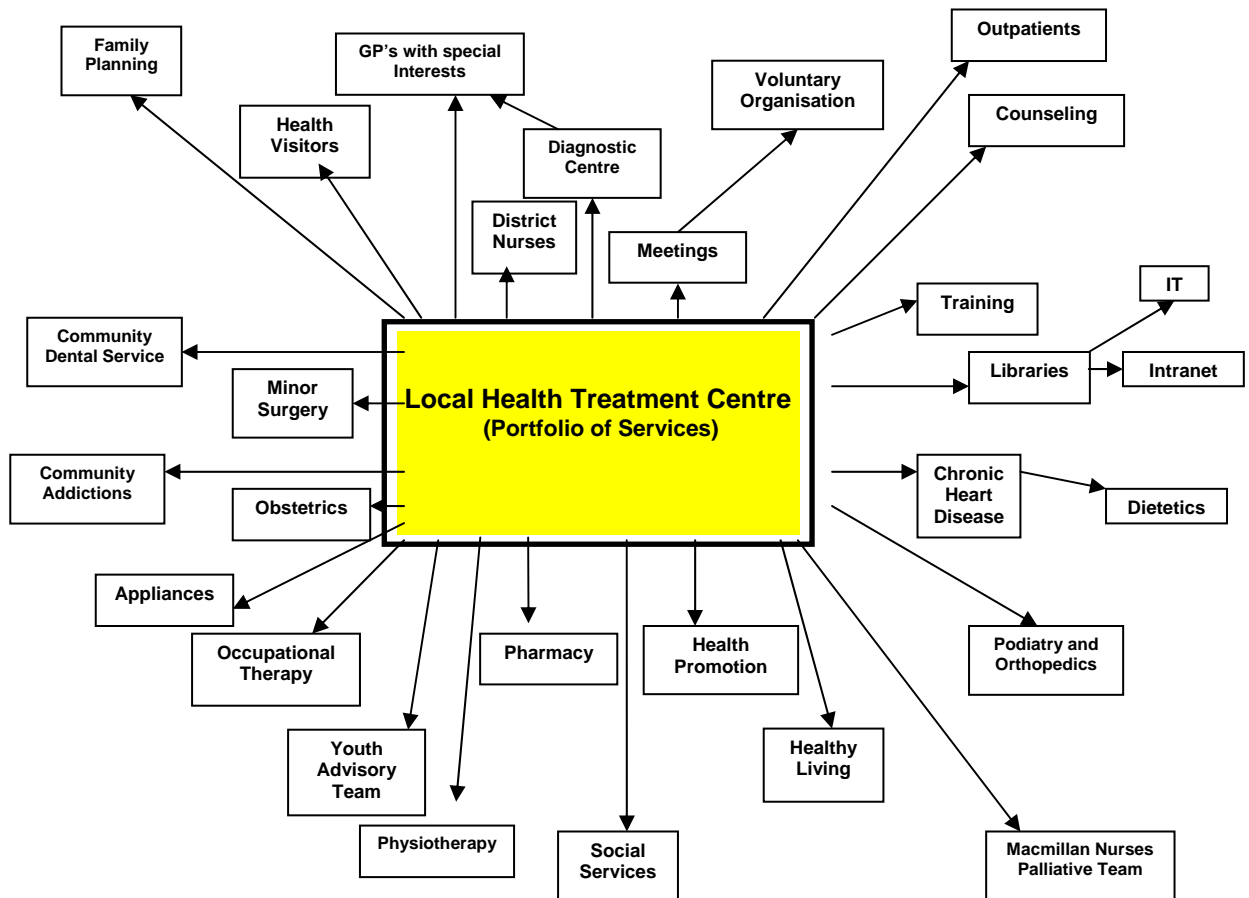
The information also demonstrates that the GP services are provided from small premises, that although may be purpose built, average only 3.6 practitioners per premises.



Properties		Present GIA	No of Practitioners	GIA from SFA practitioner Allowance	Variance	Present Revenue Costs
37-39 High Street, Barry	1	280	5	618	-338	
29 Court Road, Barry	2	240	5	618	-378	
25 South Road, Penarth	3	250	2	294	-44	
19 Fontygary Road, Rhoose	4	59	2	294	-235	
15-16 Station Road, Penarth	5	190	3	406	-216	
54 Fontygary Road, Rhoose	6	200	2	294	-94	
The Health Centre, Cowbridge	7	360	5	618	-258	
The Health Centre, Dinas Powys	8	230	6	730	-500	
The Clinic, Llantwit Major	9	120	2	294	-174	
The Surgery, 98 Salisbury Rd, Barry	10	99	3	406	-307	
POH, 31 Barry Road, Barry	11	250	3	406	-156	
The Surgery, The Square, St Athan	12	140	2	294	-154	
The Surgery, St. Brides Way, Barry	13	160	3	406	-246	
Ravenscourt Surgery, Barry	14	320	4	554	-234	
The Towers, 163 Holton Road, Barry	15	280	6	730	-450	
The Willows Surgery, Barry	16	110	2	294	-184	
Redlands Surgery, Penarth	17	390	5	618	-228	
Porthceri Surgery, Barry	18	170	2	294	-124	
Chapel Surgery, St Athan	19	130	1	199	-69	
Albert Road Surgery, Penarth	20	215	5	618	-403	
The Health Centre, Stanwell Rd, Penarth	21		5	618		
The Vale Family Practice, Barry	22		3	406		
Eryl Surgery, Llantwit Major	23		6	730		
		4193	82	10739	-4792	£582,996.00
Ave No of Practitioners per premises			3.6			

7.14 Capital and Revenue Costs.

The capital and revenue costs have been assessed for the preferred option. The basis of the capital costs for GP premises has been obtained from paragraphs 51 and 56 of the statement of fees and allowances and based on the numbers of practitioners in the practices. The assessment of the capital costs for the 'Hub' resource centre is based on an indicative functional content that was developed by the LHB. The following is a diagram that demonstrates the LHB vision of what services may be provided by the 'Hub'. It should be noted that the present review of community services will require the basis of these cost assumptions to be reviewed and no allowance has been made for the future provision of facilities to meet the possible needs of the Community Services Review by Cardiff and Vale NHS Trust.



This vision was developed into an assessment of the schedule of accommodation to obtain a total area for the model 'hub'. The model area for the hub was assessed at 1711m². The following table demonstrates this:



ROOM TYPE	TOTAL m²
Patient Reception Space	68
HV/ DN Consult/exam//treatment space	121
Community Dentistry	58
Pharmacy	45
Education & Training Centre	70
Office Accommodation	153
Facilities for staff	38
Physiotherapy	197
Diagnostics	159
Speech and Language Therapy	28
Occupational Therapy	151
Net total	1088
Add planning provision 5%	54
Total	1142
Add engineering zone 3%	34
Add circulation 25%	286
Departmental areas total	1462
Add communication space (say) 17%	249
GROSS TOTAL FLOOR AREA	1711

The total capital and revenue costs have been assessed and the effect of the proposed model is:

TOTAL INDICATIVE COSTS FOR THE PROPOSED MODEL				
Capital Costs	Land Costs	Present Revenue	Model Revenue	Additional Revenue
£18,833,682	£4,530,000	£582,994	£1,842,960	£ 1,259,966



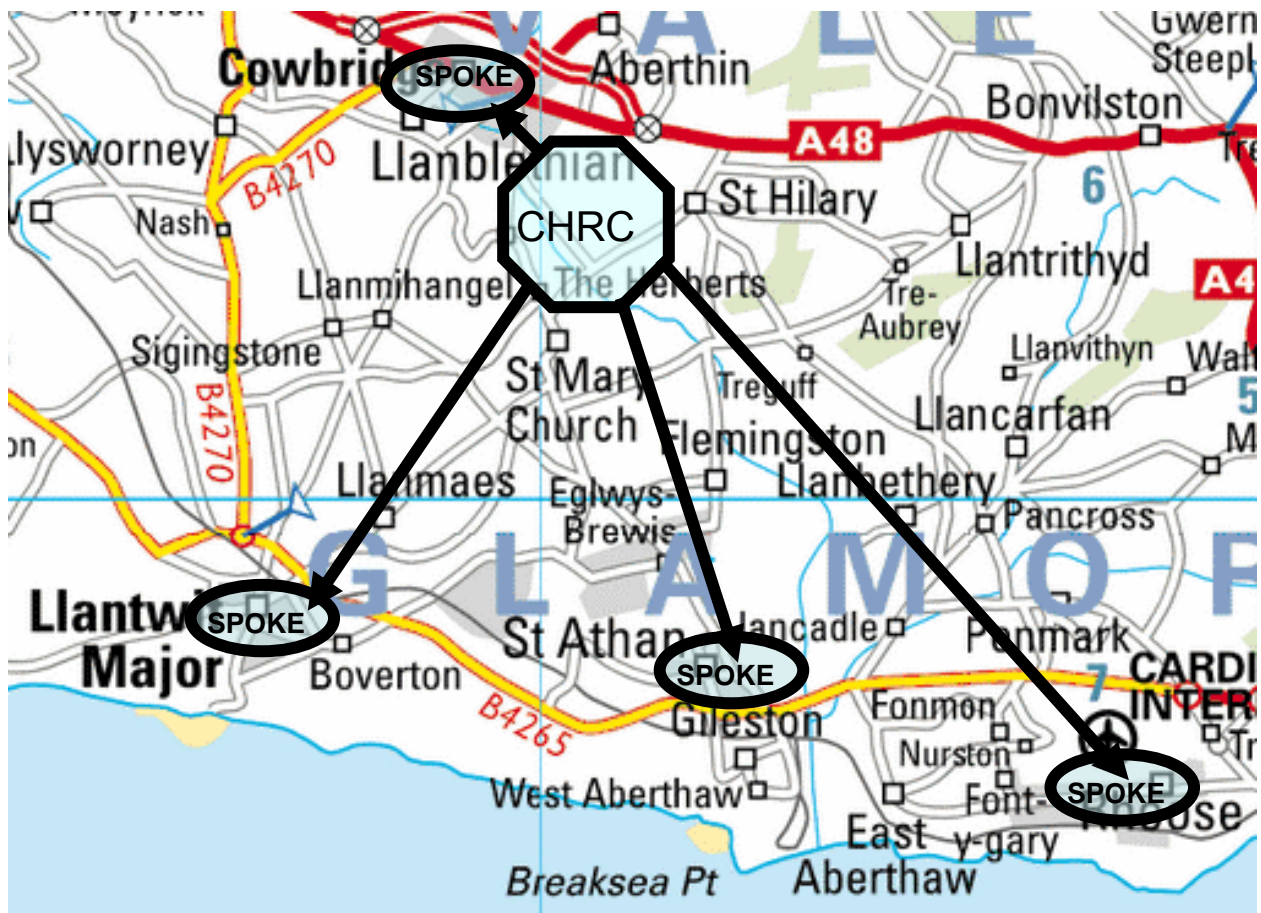
Notes:

1. These costs are based on the model 'hub' resource centre.
2. These costs are based on the statement of financial entitlements and the assessment of the capital cost of the model hub. The PHSI and DIS work streams will impact on the facilities required from both the GP spokes, the community resource centre and the Local Health Treatment Centre. This information was not available for consideration within this strategy. The capital costs are therefore assessed as the following example: SFA allowance for a 5 practitioner premises = 618m², Building Cost Allowance £641,540 + Car Parking £53,850 = £695,390. Professional Fees based on 12.5%.
3. Capital costs are provided to indicate the total capital assumptions for the strategy. The LHB will not be considering the capital costs as they do not presently own any of the properties.
4. The land costs are based on the average costs of small sites for residential developments issued by the Valuations Office Property Market Report 2004.
5. Additional revenue has been based on the level of the notional rent from recent GP developments in the Vale in the range of £130 – 150m². This revenue has been assessed by applying the notional rent level to the total floor area of the modelled areas and deducting the present revenue costs to obtain the assessment of the additional revenue. The revenue calculation **only considers** the additional costs to the LHB of the increase in the GP premises. No additional revenue costs have been assessed for extensions to services or the changes following any of the reviews noted in this strategy.



The Western Vale

The reconfiguration of the Western Vale has been considered based on the present a centres of population. Then following is an indication of the possible approach for the Western Vale.



The Community Resource Centre has been considered as a new facility but opportunities are available for the location of the resource centre at Cowbridge, Llantwit Major and at St Athan within Project Red Dragon. These options will need to develop further in line with the ongoing review and implementation of this strategy.



The present position on the Western Vale can be demonstrated by the following table:

Properties		Present GIA	No of Practitioners	GIA from SFA practitioner Allowance	Variance	Present Revenue Costs
Western Vale						
The Health Centre, Cowbridge	1	360	5	618	-258	
The Clinic, Llantwit Major	2	120	2	294	-174	
The Surgery, The Square, St Athan	3	140	2	294	-154	
Eryl Surgery, Llantwit Major	4		6	730	-730	
Chapel Surgery, St Athan	5	130	1	199	-69	
19 Fontygary Road, Rhoose	6	59	2	294	-235	
54 Fontygary Road, Rhoose	7	200	2	294	-94	
			20			£113,435.00
Ave No of Practitioners per premises			2.9			

The model for the Western Vale has been based on the provision of new developments for both the Hub and the Spokes. The effect of the reconfiguration is demonstrated by the following table.

MODEL FOR THE WESTERN VALE							
Model	GIA (m2)	Capital Costs	Fees (based on 12.5%)	Land Costs	Present Revenue Costs	Model Revenue	Additional Revenue
Spoke 1	618	£695,390	£86,924	£300,000			
Spoke 2	885	£948,419	£118,552	£300,000			
Spoke 3	406	£494,529	£ 61,816	£300,000			
Spoke 4	544	£641,316	£ 80,165	£300,000			
HUB	1711	£3,079,800	£384,975	£600,000			
	4164	£5,859,454	£732,432	£1,800,000	£113,435	£624,600	£511,165
Total Capital		£6,591,886					



Central Vale

The GP services in the Central Vale which includes Barry, Porthkerry Sully are presently served from 11 facilities. The following table demonstrates the present position in Barry.

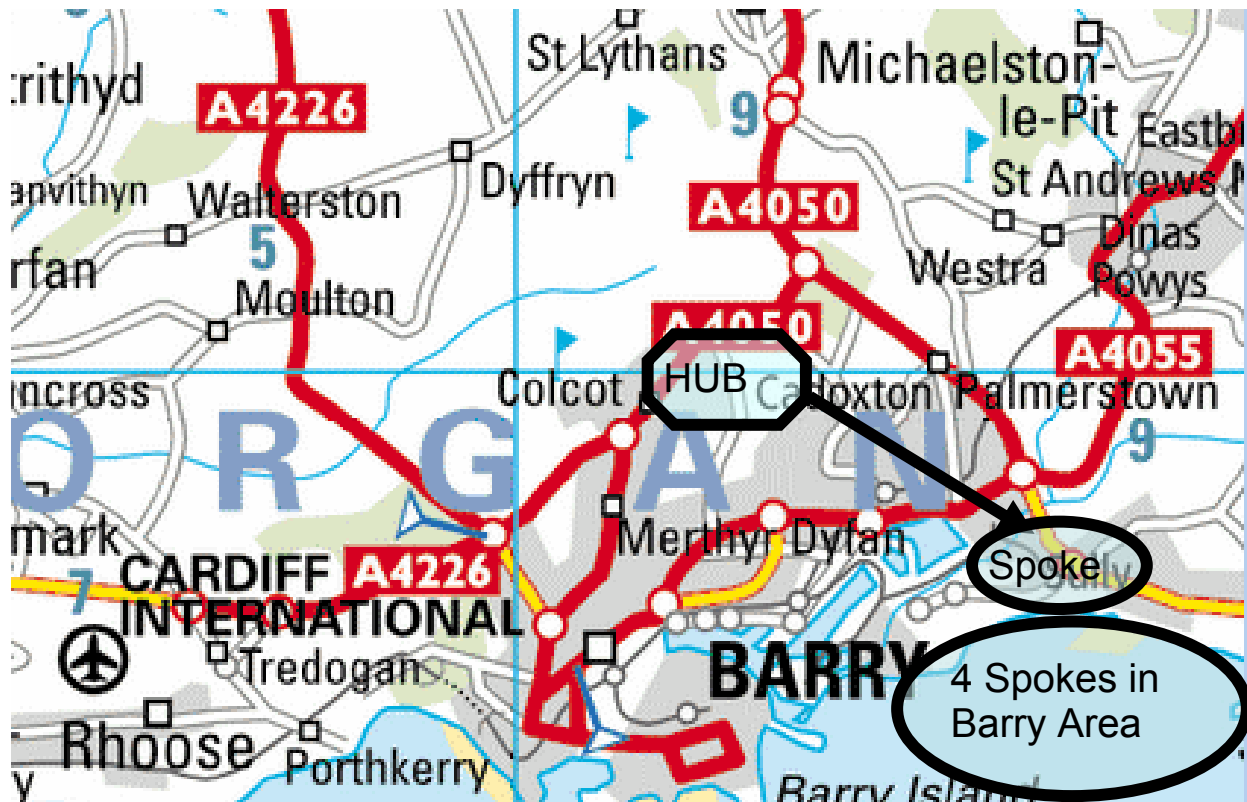
Properties		Present GIA	No of Practitioners	GIA from SFA practitioner Allowance	Variance	Present Revenue Costs
Central Vale						
25 South Road, Penarth	1	250	2	294	-44	
29 Court Road, Barry	2	240	5	618	-378	
37-39 High Street, Barry	3	280	5	618	-338	
Ravenscourt Surgery, Barry	4	320	4	554	-234	
POH, 31 Barry Road, Barry	5	250	3	406	-156	
The Surgery, 98 Salisbury Rd, Barry	6	99	3	406	-307	
The Willows Surgery, Barry	7	110	2	294	-184	
The Towers, 163 Holton Road, Barry	8	280	6	730	-450	
The Vale Family Practice, Barry	9		3	406	-406	
The Surgery, St. Brides Way, Barry	10	160	3	406	-246	
Porthceri Surgery, Barry	11	170	2	294	-124	
			38			£246,231.00
Ave No of Practitioners per premises			3.5			

The model for the Central Vale has been based on providing spoke services that are of the size and quality, to provide the services required for the Central Vale and allow opportunities for the integration of health and social care within modern facilities. The proposed model therefore indicates the development of 5 new GP centres, 'spokes' and the provision of one hub. The 5 new spokes and the hub have been considered as new facilities. The use of Barry hospital as a facility to provide for the hub will be considered following the review of the Hospital by Cardiff and Vale NHS Trust.

The model is based on the allocation of the present level of practitioners equally to the 5 proposed centres. The actual numbers and sizes of the centres will though have to be considered in more detail when the strategy is developed.



The following plan demonstrates the reconfiguration for Barry.



The effect of the reconfiguration can be demonstrated by the following table.

MODEL FOR CENTRAL VALE							
Model	GIA (m ₂)	Capital Costs	Fees (based on 12.5%)	Land Costs	Present Revenue Costs	Model Revenue	Additional Revenue
Spoke 1	885	£ 835,440	£104,430	£300,000			
Spoke 2	885	£835,440	£104,430	£300,000			
Spoke 3	885	£835,440	£104,430	£300,000			
Spoke 4	885	£835,440	£104,430	£300,000			
Spoke 5	885	£835,440	£104,430	£300,000			
Hub	1711	£3,079,800	£384,975	£600,000			
	6136	£7,257,000	£907,125	£2,100,000	£246,231	£797,680	£551,449
Total Capital		£8,164,125					



Eastern Vale

The present GP services in the Eastern Vale Area include those services provided from Penarth and the village of Dinas Powys. The present services are located in 5 premises.

Properties		Present GIA	No of Practitioners	GIA from SFA practitioner Allowance	Variance	Present Revenue Costs
Penarth						
Albert Road Surgery, Penarth	1	215	5	618	-403	
Redlands Surgery, Penarth	2	390	5	618	-228	
The Health Centre, Stanwell Rd, Penarth	3		5	618	-618	
15-16 Station Road, Penarth	4	190	3	406	-216	
The Health Centre, Dinas Powys	5	230	6	730	-500	
			24			£223,328.00
Ave No of Practitioners per premises			4.8			

The model for the Eastern Vale has been considered. The facilities within Penarth are of a good quality and have had investment over recent years. The future model is to be considered with 5 spokes using the present facilities in Penarth but a new facility in Dinas Powys. The model has indicated the provision of a new hub but the considerations following the review of Barry Hospital and the possible effect that this will have to Llandough Hospital may allow existing facilities to be investigated.



The following plan demonstrates the reconfiguration for the Eastern Vale.



The effect of the reconfiguration can be demonstrated by the following table.

MODEL FOR EASTERN VALE							
Model	GIA (m2)	Capital Costs	Fees (based on 12.5%)	Land Costs	Present Revenue Costs	Model Revenue	Additional Revenue
Spoke 1	215	£2,205					
Spoke 2	390	£1,665					
Spoke 3							
Spoke 4	190	£3,765					
Spoke 5	730	£538,010	£67,251	£30,000			
Hub	1711	£3,079,800	£384,975	£600,000			
	3236	£3,625,445	£452,226	£630,000	£223,328	£420,680	£197,352
Total Capital		£4,077,671					



8 IMPLEMENTING THE STRATEGY

A number of nationally and locally derived strategy initiatives inform the Primary Care Estates Strategy:

9.1 DIS Project (Delivery of Integrated Services)

BroMorgannwg Trust is working in partnership with the Local Health Boards, Local Authorities and voluntary sector to improve services for the people of Bridgend, Neath Port Talbot and the Western Vale. The Delivering Integrated Services (DIS) Project represents a collaborative approach to redesign of local care, with a particular emphasis on shifting services from the traditional secondary care model to a more appropriate primary and community-based environment.

9.2 PHSI (Programme for Health Service Improvement)

Cardiff and Vale of Glamorgan Health Community operates in a national and regional context. Of particular relevance to the Strategic Outline Programme is the Welsh Assembly Government publication *Designed for Life* which sets out a framework for creating world class Health & Social Care for Wales in the 21st Century. The vision is to minimise avoidable death, pain, delays, helplessness and waste by 2015.

9.3 ICP (Integrated Care Pathways)

The ICP programme will work with the 10 health communities throughout Wales supporting the delivery of ICPs for the management of chronic diseases, using the Year of Care model. This work will include the development of a financial model and costing system to support ICPs, test-bedded in one health community.

9.4 Commissioning

The recent commissioning guidance, WHC (2007) 023: *NHS Commissioning Guidance*, is part of a new drive to make the system more effective, robust and transparent. The intention is to improve the levels of contracting discipline between commissioners and providers, facilitate the development of improved contracting skills and expertise in Wales, and to ensure that a clear and balanced relationship exists between commissioners and providers for the delivery of services. The effective use of LTAs in Wales remains a key element in achieving these changes.



9.5 Recognising WAG Initiatives

When the National Assembly for Wales was first established, it was given a legal duty to pursue sustainable development in all it does under Section 121 of the Government of Wales Act 1998.

Since then, the Assembly Government has produced Sustainable Development Action Plans, including a commitment to “...*determine key steps for the NHS to take forward this agenda...*”.

Designed for Life builds on the diagnostic work undertaken through the **Review of Health and Social Care in Wales** advised by Derek Wanless, and the foundations for improvement set in the Assembly’s NHS Plan **Improving Health in Wales**.

9.6 Funding and procurement

The implementation of the strategy will be a challenging task within the present property ownership framework. The evolving GMS contract and the current service reviews in the Vale area will also make the implementation of the strategy more complex. It is likely that the strategy may rely on more than one option to deliver desired services over the next 10 – 15 years.

There is an emerging change to the way in which the delivery of primary care will be undertaken in the future. This will need the flexibility and engagement of all the independent contractors to not only act as individuals but also to consider the approach to primary care from a collaborative perspective with common aims.

Traditional routes to funding and capital procurement in primary and community care including NHS capital, GP funding and ownership, and third party development will continue. However:

- the new flexibilities relating to GMS contract and new models of procurement using private sector design, build, finance, and management expertise (for instance NHS LIFT if implemented in Wales) may present additional avenues. The LHB will also need to consider the potential to lease premises for service delivery
- the potential impact of salaried GPs without property ownership or management responsibilities will need consideration.

It seems likely that the LHB will mix and match funding and procurement in different ways with different partners.

The LHB will work within any changes in WAG guidance on routes to procurement.



9.7 Measuring performance

The original survey of GP premises conducted by Welsh Health Estates provides a baseline benchmark for future use. The GP Surgery Premises in Wales – Condition and Performance Report, November 2003 identified four areas for performance indicators. These were:

- DDA Compliance
- Physical Condition
- Functional suitability
- Space Utilisation

The LHB has a responsibility under the new GMS contract to inspect GP premises as part of the quality standards framework. It is the intention of the LHB to visit all the GP premises to undertake the practice inspection and assess the premises against the performance indicators. The LHB will also use the practice inspections to work with the GP's to consider the co-location possibilities. The key performance indicators agreed within this will form part of the overall measurement toolkit.

In addition it will be possible to measure and monitor:

- GP list size/area served against all-Wales targets.
- Travel distance to enhanced service compared to current travel distance to secondary care.
- Patient and public satisfaction with reconfigured services over time.
- Comparison of actual gross floor area to the applicable areas under Schedule 51 of the 2003-04 SFA.

It is suggested that a core set of national KPI's be developed to allow the Welsh Assembly Government to review the performance of the GP estate between Local Health Boards.

9.8 Service Developments and Change

The GP estate will be influenced by the various Cardiff and Vale NHS Trust service reviews and the development of the shifts in services from the secondary to the primary care settings. The practice inspections will provide the LHB with more detailed information to support the information already contained in the Welsh Health Estates 'GP Surgery Premises in Wales – Condition and Performance Report, November 2003.'



The LHB will provide the Welsh Assembly Government with a report on the progress of the reviews and service development annually. The following table illustrates the status of schemes not yet formally considered by the Primary Care Estates Forum:

Existing Premises	Proposed Development	Anticipated Completion
High Street Surgery Barry	Development of new premises at Hood Road, Barry Heritage Quarter. Plans completed AEDET arranged	October 2009
Cowbridge Health Centre	Re-location of two GP practices and associated Trust based services from existing Cowbridge Health Centre. Plans completed	November 2009
Dinas Powys	Re-location of two GP practices and associated Trust based services from existing Dinas Powys Health Centre. Plans completed AEDET completed	August 2009
Penarth	Re-location of two separate practice to shared accommodation Early stage exploratory talks	Late 2010
Barry	Relocation of existing surgery Initial talks held with contractor	Late 2010



10. CONCLUSION

This is the initial Integrated Healthcare Strategy for Primary Care Premises strategy developed by the Vale of Glamorgan LHB. The detailed implementation of this strategy will rely on the:

1. Review of Barry Hospital
2. The Community Services Review by Cardiff and Vale NHS Trust.
3. The future development of secondary care as per Wanless Action Plan.
4. The implementation of the GMS contract.

It is intended that the strategy will be updated annually and reviewed every 3 to 5 years.



APPENDIX 1A

CENTRAL VALE			
Premises	Owner	Expansion Possibility	Capacity for Additional Services
<p>Waterfront Surgery The Waterfront Medical Centre Heol Y Llongau Barry Vale of Glamorgan CF63 4AR</p>	<p>Practice (Self Built) Opened July 2007</p>	<p>Four unallocated rooms on first floor - approximately 100m² (excluded from GMS reimbursement)</p>	<p>Outreach Clinics Practice has already been approached re ophthalmology and is considering. Also considering commercial interest in unallocated rooms.</p>
<p>Highlight Park, Barry (Drs Williams & Weatherup) Replacement for Salisbury Road / Willows Surgery, Barry Opened November 2007</p>	<p>Matrix Medical (Third Party Dev'p)</p>	<p>92m² ground floor expansion already allocated to dentist 361m² single unallocated space on first floor – would require capital expenditure to fit out and commercial lease with Matrix if not brought into GMS reimbursement. This is a x4 GP practice plus registrar but has x 10 consulting rooms, so capacity exists in GMS reimbursed part of building</p>	<p>GDS Dentistry Outreach Clinics Substance Mis-use (existing service provider) Specialist Service for Autistic Spectrum Patients</p>



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<p>Proposed Development – Hood Road, Barry (Dr Holgate & Partners)</p> <p>Replacement for existing premises at High St, Barry.</p> <p>Due Late 2008</p>	<p>Matrix Medical (Third Party Dev'p)</p>	<p>Proposed plans have 257m² of unutilised space on first floor – although this is currently under review by developer following consultation with WHE.</p> <p>Use of expansion space would require capital expenditure to fit out and commercial lease with Matrix if not brought into GMS reimbursement.</p>	<p>Outreach Clinics</p> <p>Specialist Dermatological Service (existing service provider)</p> <p>Physiotherapy</p>
<p>Court Road Surgery 29 Court Road Barry Vale of Glamorgan CF63 4YD</p>	<p>Practice</p>	<p>Fully Utilised. No internal expansion possibilities. Very limited capacity for extension</p>	<p>None</p>
<p>Ravenscourt Surgery 36-38 Tynewydd Road Barry Vale of Glamorgan CF62 8AZ</p>	<p>Practice</p>	<p>Fully Utilised. No internal expansion possibilities. No Capacity for extension. Very poor quality accommodation.</p> <p><i>Priority for re-development</i></p>	<p>None</p>



The Practice Of Health 31 Barry Road Barry Vale of Glamorgan CF63 1BA	Practice	Fully Utilised. No internal expansion possibilities. Very limited capacity for extension	None
Vale Family Practice St. Brides Way Gibbonstown Barry Vale of Glamorgan CF64 1DU	Practice	Fully Utilised. No internal expansion possibilities. Extension possible.	None
Vale Family Practice Park Crescent Barry Vale of Glamorgan CF62 6HE (Branch Surgery)	Practice	Fully Utilised. No internal expansion possibilities. No Capacity for extension. Very poor quality accommodation.	None



Vale Family Practice 19 Fontygary Road Rhoose Vale of Glamorgan CF62 3DR	Practice	Fully Utilised. No internal expansion possibilities. Extension possible.	None
Rhoose Medical Centre 54 Fontygary Road Rhoose Vale of Glamorgan Sub to SK Holgate CF62 3DS	Practice (Shared Branch – High St, Barry / Eryl Surgery, llantwit)	Fully Utilised. No internal expansion possibilities. Extension possible.	None
The Practice Of Health 31 Barry Road Barry Vale of Glamorgan CF63 1BA	Practice	Fully Utilised. No internal expansion possibilities. Very limited capacity for extension	None



APPENDIX 1B – TABLE OF DISCOUNTED OPTIONS

Option appraisal for Integrated Healthcare Estate Strategy

Discounted options

The following table indicates the reasons why options were discounted from the long list of options.

Discounted Option	Associated Risks Of Option
3 – Centralise	<ul style="list-style-type: none">▪ Removes the services from the rural areas to a central facility.▪ Large sites with urban areas difficult to find.▪ Entails moving away from providing 'local' services.
4 – Decentralise	<ul style="list-style-type: none">▪ Increase in smaller facilities with limited scope for wider range of services.▪ Does not promote inter agency working.▪ Difficult to expand services in smaller premises when required.▪ Cost issues of supporting greater number of premises.
6 – Co-locate with retail / commercial	<ul style="list-style-type: none">▪ Location dependent on commercial development and not on the services needs of an area.▪ Programme of developments reliant on commercial development programme.
8 – Primary Care in patients home	<ul style="list-style-type: none">▪ Additional staff required.▪ Cost of additional staff.▪ Mobile Technology not available at this time.
9 – Mobile equipment and transport systems	<ul style="list-style-type: none">▪ Cost of transport and mobile equipment.▪ Mobile technology not available at this time.▪ Ownership of the transport and equipment.
10 – LHB site ownership / leases	<ul style="list-style-type: none">▪ Costs of site purchase.▪ Site would have to be purchased by prior to developments.▪ Site ownership not fully available at this time.



Appendix
2(a)

Vale of Glamorgan Local Health Board
Estates Strategy
Developments in Progress - March 2008

Scheme	Lead GP(s)	Developer	Final Plans	Planning Granted	AEDET	DCfW	DV Estimate	WAG PCEF
Hood Road Barry	SK Holgate	Matrix Reality	✓	✓	05/03/2008	✓	Pending agreement between Council & Developers re compensatory road works	Planned June 2008
Murch School Dinas Powys	Sue Thomas Rhian Llewellyn C&V Trust	Brackleys	✓	Pending agreement on use of school site	01/11/2007	28/11/2007	Pending agreement between School Governors & Developers on compensatory provision of sports hall	Planned August 2008
Cowbridge (Bearfields)	RD Jones JC Jemmett Bro Morgannwg Trust	Brackleys	✓	Pending agreement with Highways Authority	n/a	n/a		Approved in principle 2005
Ravenscourt Surgery replacement	Ben Roper	Proposed self-build	x	x	x	x	x	x
Penarth	Julie Yapp(Redlands) Jonathan Griffin (Station Road)	Tender exercise not yet undertaken	x	x	x	x	x	x



Appendix 2(b)

Vale of Glamorgan Local Health Board
Estates Strategy
Developments Completed - March 2008

Scheme	Lead GP(s)	Developer	Replacing	Date Opened
Waterfont Medical Centre Heol y Llongau, Barry, CF63 4AR	Dr JR Chapman & Partners	Self Build	Towers Surgery, Holton Road, Barry	30th March 2007
Highlight Park Medical Practice Lakin Drive, Barry CF62 8GP	Dr Williams / Dr Weatherup	Matrix Reality	Salisbury Road & Willows Surgeries, Barry	8th October 2007