Grand designs
the new London NHS
Who are we?

The Confederation brings together the organisations that make up the NHS across the UK. Working with our members, we are an independent driving force to transform health services and health by:

- **influencing policy** and the wider public debate
- **connecting health leaders** through networking and information sharing.

What are our values?

- championing health and health services
- engaging our members
- speaking out independently and with responsibility
- fostering excellence and innovation – leading the debate
- working in partnership and embracing diversity
- providing value for money.

The London NHS Confederation

The NHS Confederation established the London programme, funded by London members, in May 2000. Its main purpose is to ensure that the GLA and Mayor have a clear point of contact with NHS organisations in London.

The programme also influences the climate of opinion in London through our work with the media, MPs, local authorities and other opinion formers.

For more information about the London NHS Confederation and the issues covered in this report, please contact Rachel Maybank, London Relations Manager, at rachel.maybank@nhsconfed.org

Contact details

NHS Confederation
1 Warwick Row, London SW1E 5ER
Telephone 020 7959 7272
Fax 020 7959 7273
E-mail enquiries@nhsconfed.org
www.nhsconfed.org

Published by the NHS Confederation
Registered Charity no. 1090329
© NHS Confederation 2003
ISBN 1 85947 099 8
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Executive summary

For the first time, a comprehensive picture shows the scale of the investment programme underway to revitalise NHS centres in London.

This report reveals the challenges for the NHS in London and shows that, contrary to some perceptions of a service in decline, there is a mixture of old facilities being rejuvenated and many new services coming on-line. Over £5 billion is being invested in over 150 projects to make health service facilities better for Londoners. This includes planning for:

• more than 60 new primary care centres
• seven new walk-in centres
• five new treatment centres
• new hospitals and major redevelopments*.

(See also Appendix, page 13.)

This report explains why infrastructure planning is so important to the NHS and looks at the large investment being made in the future of London’s health services. It looks at the NHS relationship with local government and the private sector – and where the blocks and opportunities lie. A key block is the lack of flexibility in existing legal and financial frameworks; a key opportunity is developing a common surplus land disposal policy between Government departments.

Large hospital investments hit the headlines but smaller local investments, such as a new GP practice or an extra operating theatre, can substantially improve services to patients. These are grand designs when you add them together.

Local investment also has a wider impact on local communities and can play a major role in regenerating poorer areas. As well as providing economic development, the wider community environment benefits from new, well-designed buildings. Investment in design can also help the healing process. Surveys have shown that patients are more positive about treatment where they were more comfortable and rated staff treating them more highly.

This huge investment into bricks and mortar comes at a time when there is a culture of criticising administrative and management costs in the NHS; yet such investment must be accompanied by high-quality management to lead such multi-million pound projects and to ensure that the NHS is accountable for the public money it is spending.

* Whipps Cross; Paddington Health Campus; The Royal London; Evelina Children’s Hospital at Guy’s; UCLH Euston Road; North Middlesex Hospital; new Romford Hospital; Edgware Community Hospital; Kingsbury Community Hospital; a new Royal National Orthopaedic hospital at Stanmore and new hospitals planned at Epsom & St Helier NHS Trust.

‘Creativity and imagination stimulate the spirit and, in so doing, speed the recovery process. They are powerful medicine indeed.’

Lord Richard Attenborough President of Arts for Health

This very timely report provides examples of new investment in the fabric of the NHS in London. Compared to the picture often given, these are in fact, grand designs.
Capital planning and improving facilities

Capital planning and improving the quality of facilities for the NHS in London is essential. Access to funding is a driver for change and development and is necessary to making the NHS Plan happen and for meeting its requirements. The NHS needs to provide extra facilities for both new and existing communities, and to upgrade existing facilities in line with raised ‘consumer’ expectations.

Primary care

The largest numbers of NHS patients are seen in primary care (GPs and practice nurses). There are about 300 million consultations in primary care each year. This represents some 90 per cent of patient experience within the NHS.* There are over 4,500 GPs and 2,000 practices in London, and an extra GP practice and similar local investment can have a huge impact. Primary care trusts (PCTs) are facing a huge challenge in relation to the development of and changes to services.

Better environment for patients

The NHS Plan consultation revealed that the public wants to see improvements in local hospitals and surgeries. If after a period of increased funding the public feels that services are still failing to deliver, there could be a major political backlash. The NHS in London is working to improve the quality of the environment in which patients are treated and to meet the expectations of the public over the next decade.

Better buildings help recruit and retain staff

The NHS Plan target for new GPs calls for an extra 255 GPs in London, but once the number of GPs due for retirement is taken into account, twice as many are needed.

* Chief Executive’s Report to the NHS, May 2003

Two primary care examples from Lewisham PCT

**Downham Lifestyle Centre**

The London Borough of Lewisham is developing a new leisure centre with a swimming pool, library, football pitches, a café and other facilities. A good working relationship with the local PCT means that the centre will also include health services as an integrated partnership, so the new community centre will support health and healthier lifestyles.

Health services at the Downham Lifestyle Centre will include two GP practices, family planning, speech and language therapy, chiropody, mental health and dentistry.

The Downham Lifestyle Centre will be supported financially by the borough (PFI scheme £10.6 million). It will be built and operated by the private sector to serve people in one of the most deprived parts of the area.

**A new children and young people’s centre**

Not all new premises are funded through a public–private partnership. This centre is a new build costing £11.1 million and publicly funded through land sales, capital from the local authority, charitable funds and SHA strategic capital. It will provide specialist children’s services, bringing together community paediatricians, health visitors, the children’s mental health team and the children’s social work team.
Which come first – the GP or the premises? PCTs are improving and expanding the number of buildings for people to work in, while setting about meeting GP recruitment targets and developing the role of the whole primary care workforce. London has many primary care premises that are run-down but there is a London-wide drive to create a modern infrastructure so that patients have easy access to primary care services and staff can work in safe, clean and attractive environments.

**Regeneration**

The NHS has a role in environmental, social and economic improvement in London:

- environmentally – through the development of well-designed buildings
- socially – through making links with schools, libraries and similar centres, so that NHS buildings become real community centres as well as delivering services to local people
- economically – as an employer the NHS directly employs over 175,000 people in London and approximately 85,000 additional people are provided work through contracts (for example, those employed in building, cleaning and catering work) the NHS is often the largest local employer and many of its organisations endeavour to attract the local community into their workforce.

**Acute**

London’s hospitals are facing similar challenges to primary care. In 1995, half of the buildings in the NHS were older than the NHS itself. Trusts are working to transform run-down buildings to improve the quality of services available to patients and the environment in which NHS employees work.

**Whipps Cross transformation**

Over the next ten years, work by the trust and its partners will see Whipps Cross University Hospital transformed from a haphazard sprawl of Victorian and 1930s buildings into a purpose-built hospital. It will provide more beds, operating theatres and other facilities with a design that will meet all current design and environmental standards. In addition, the trust is at the forefront of organisations seeking to incorporate the triple bottom line of sustainability (environmental, social and economic) into such a major capital investment opportunity. The trust is undertaking a pilot project with the Sustainable Development Commission, Building Research Establishment and Brunel University’s Centre for Environmental Research. Outline planning permission has been submitted and approval is expected by December 2003.

The development also involves building affordable key worker accommodation for up to 1,150 members of staff and students; a potential university campus for up to 1,400 students and a sports and leisure/healthy living centre. The total value of all site developments is approximately £400 million.
Mental health

The importance of the physical environment on the implementation of effective clinical governance in mental health has recently been highlighted in several CHI reports on London’s mental health trusts. The nature of mental health services means that they have to be locally accessible to people with mental health needs. Many services are therefore provided not just in major hospital buildings – either attached to a physical acute hospital or stand-alone – but in community and primary care settings. South London and Maudsley NHS Trust, for example, covers seven boroughs and operates from 183 clinical sites. The capital development challenge for mental health services is therefore twofold:

• to provide modern and up-to-date residential facilities for people who need inpatient care. Such facilities need to provide safe environments for staff and service users, and meet requirements regarding the service user’s privacy and dignity, including single-sex accommodation.

• to provide appropriate community health service facilities that are geographically accessible for service users and staff, and that allow mental health services to be effectively integrated with primary care and local authority services. This might mean, for example, entering into partnership arrangements with local authorities on regeneration schemes or primary care on the LIFT initiative.

Newham Centre for Mental Health

The Newham Centre for Mental Health opened its doors to service users and staff in July 2002. The 117-bed unit cost £14.5 million (funded by a public–private partnership arrangement) and brought together mental health services for local people which were previously provided on three different sites: in East Ham Memorial Hospital in Newham, Rosemary ward at Goodmayes Hospital and Runwell Hospital near Southend.

The hospital is bright and airy with a homely feel. There was a high level of involvement in the design from services users and staff, who actively contributed to the design process through to the selection of furniture and fittings. Natural woods and soft-coloured flooring and decoration were chosen. All service users admitted to the unit have their own room with en suite facilities. There are specially designed rooms for wheelchair users. There are two wards specialising in mental health care for older people, an eight-bed psychiatric intensive care unit and four adult acute care wards.

In addition to inpatient facilities, there is a day hospital that incorporates unique design features and is equipped with a fitted workshop and a kiln. The day hospital provides a range of group activities and therapeutic approaches to support people as an alternative to hospital admission. The Newham Academic Unit, a centre of international research into social and community psychiatry, is also based on the site.
What is the relationship with the private sector?

A mix of public–private partnerships (PPPs), including private finance initiative (PFI) and DoH grants, are the sources of capital finance for the NHS.

**Public–private partnerships**

Recently, the NHS has invited bids to design, finance, build and operate new NHS facilities. For example, independently run treatment centres (TCs) are funded by the NHS but the premises are owned and the services provided by private healthcare companies. They have been designed mainly for day surgery, or short-term treatments, for example, cataract, hernia and hip replacement operations. The NHS Confederation supports the development of TCs as an important way of addressing long-standing capacity issues in the NHS. TCs will ensure we have the facilities needed to deliver faster, more convenient care for patients. But a survey of our members earlier this year raised concerns about the need to tie TCs to more robust planning processes, to ensure they effectively address local priorities and capacity gaps but do not create surplus capacities. Roll out of TCs needs to provide a more flexible solution to local communities’ needs and priorities. The potential impact on local workforces needs to be more fully considered, as do the implications of a more complex case mix for acute trusts. The next challenge will be to extend this programme to look at how these new units could be used to help those with long-term chronic diseases.

**London treatment centres in development and due to be open by December 2005:**
- Chelsea & Westminster NHS Trust (NHS-run)
- Newham (NHS-run)
- Chase Farm (Anglo Canadian-run)
- King George Hospital (Anglo Canadian-run)
- Royal National Throat, Nose and Ear Hospital (Anglo Canadian-run)

**Private finance initiative**

The aim of PFI is to attract private sector capital into the NHS by testing all capital schemes to determine whether there is an opportunity for private sector investment and risk transfer. There are strict conditions on the nature of the contracts between the private sector and the NHS, the principal being the proper transfer of risk to the private sector and improved value for money to the NHS over the life of the asset, with a consequently greater emphasis on lifecycle costs and proper maintenance.

There is a vigorous policy debate about whether PFI offers value for money and has adverse unintended consequences. However, the urgent need for capital and progress means that there is little option but to use PFI.
The NHS is keeping PPP/PFI under close review and new contracts are looking at the lessons learnt from the first wave. It is important that plans take account of how healthcare will be delivered in the future and ensure that public funding remains an option. In fact, public funding is being used for many NHS projects (see Appendix).

**NHS Local Improvement Finance Trust (LIFT)**

This is an initiative to improve primary care premises in England. It uses a new form of PPP, concentrating primarily on areas of deprivation. A considerable proportion of current primary care premises are unsuitable for the provision of modern integrated healthcare. LIFT is a public–private partnership in which the initial private sector partner is Partnerships for Health UK. It will build and refurbish over 3,000 primary care premises across the country. These will then be leased out to GPs. In some cases, accommodation will be provided to dentists, chemists, opticians and social care agencies to create one-stop primary care centres.

East London & The City LIFT project is the first in the country to sign off all the necessary contracts. The East London LIFT Company (a private–public partnership) was formed in June 2003 and work has already started on the first project, which is a one-stop primary care centre in Newham. This project is the first of many planned across East London. Within Newham the strategic service development plan underpinning the work of the LIFT company was developed collaboratively between health service partners and the local authority. As part of this planning, the London Borough of Newham has identified sites across the borough that it has made available for purchase and development by the LIFT company. This has been a vital contribution to the delivery of an ambitious development strategy within an inner city environment.
What is the relationship with local government?

The NHS asks local government for a level playing field and generosity of spirit, given the pace of change needed in the NHS. The following are the main NHS needs from local government.

- **joined up planning.** Schemes like LIFT offer the opportunity for closer work with the London boroughs and, in particular, with social services. Education, leisure and other services also present opportunities for collaboration. It is important that collaboration is maintained and fostered and co-locating planning people can be one solution.

  The NHS should be recognised as a key partner in regeneration and involved from the very start of the process.

- **transport links.** In many London boroughs the NHS is the single largest employer and yet it is badly represented in terms of access to key decision-makers when it comes to infrastructure proposals. A report by the Social Exclusion Unit, *Making the connections: transport and social exclusion* (February 2003), has shown that poor public transport links are a major barrier to socially excluded communities gaining employment.

- **affordable housing.** The high cost of living in the capital has a direct impact on the ability of employers to both recruit and retain staff. This is particularly the case in London’s public services – all of which share high vacancy rates and find it hard to hold on to staff in the long term.

- **land.** High land costs in regions like London and the South East may not be properly recognised when it comes to allocating resources. The NHS is competing with residential developers who are also looking for land and can make speculative purchases that squeeze out the public sector. The NHS needs support from the boroughs to identify and secure appropriate sites.

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**The Greater London Authority**

The London Plan anticipates an increase in population across London of 700,000 by 2016. This will entail much new housing and other developments. Getting this right both to improve health and reduce inequalities and to deliver modernised health services to the new populations is a critically important role for the NHS. The London NHS is setting up an Urban Development Support Unit which will support the NHS in engaging more effectively in the urban development of London.

The Mayor’s plan has three main regeneration corridors: the Western Wedge, the Upper Lee Valley and the Thames Gateway.
What are the blocks in the whole system?

**Affordability**
The implementation of a new funding regime to the NHS – payment by result using a national tariff – has a potential negative impact on affordability. The problem is that the tariff discriminates against trusts that are replacing their old buildings with new ones. Before this is introduced, PCTs will have to pick up the additional costs of new capital.

**Investment from partner agencies**
There are still areas of London where the NHS is funded well below the Government’s own agreed ‘fair’ level, funding being many millions below its ‘capitation target’. In North East London, for example, there is a gap of £34 million. Developments such as the Thames Gateway growth will create an even greater challenge. Against this background, however, the NHS is having to put in the health infrastructure for primary care, begin training a different kind of workforce and develop alternatives to acute hospital care. Investment cannot come simply from existing health service resources, it needs to come from all the partner agencies responsible for regenerating London as a world city and needs the interest and commitment of the Office of the Deputy Prime Minister.

**Planning permission**
For certain services such as mental health, and drug and alcohol treatment, there is a risk of a ‘not in my backyard’ attitude. The London NHS asks for local support, for example, from MPs, to work through such problems.

**Punitive planning gain agreements (section 106)**
‘Planning gain’ can be defined as the arrangements whereby local authorities, in granting planning permission, achieve planning and other community gains (at the expense of the developers). However, the NHS is also benefiting from section 106 gains, for example, the Arsenal development at Islington PCT.

**Lack of planning skills**
There is a shortage of people with the skills to engage in and undertake such planning in the NHS. Historically, the NHS has underinvested in this skill area because of the long period of time when little building took place and a culture of outsourcing.

**Lack of flexibility with existing legal and financial frameworks**
The Department of Health has ruled that no capital to revenue transfers will be allowed after this financial year. The motivation behind this is to prevent capital funding being misused to support failing revenue positions. The implications for trusts’ estate strategies are very serious and could potentially halt current schemes. The NHS understands why the Treasury does not want them to use capital to supplement revenue, but particularly for hospitals which need essential repairs being unable to switch these costs from revenue to capital has huge financial implications for the organisation.

Inflexibility also has a negative impact in the primary care sectors, where most health centres are leased. So PCTs have capital which they cannot spend because the buildings are not their own assets. This also applies to investing capital in GP premises – the funding has to come from revenue budgets. We will be taking up this issue with the Department of Health and the Treasury.
What are the opportunities?

Regeneration
Clearly the NHS can play a major role in regeneration and neighbourhood renewal by developing and modernising the NHS estate across all three main areas (environmental, social and economic).

Including health at the start
Health and healthcare considerations and health impact assessments could and should be an integral part of negotiating section 106 agreements.

The re-establishment of healthcare facilities at the heart of local communities
There is a real opportunity for primary care centres to link up with social care, Citizens Advice Bureaux etc., and become local centres.

Changing workforce
Planning healthcare facilities needs to take into account the changing workforce. The European Working Time Directive and Changing Workforce pilots are exploring ways in which nurses can provide first on-call cover in hospital, and extending the role of nurses and other professionals in GP practices.

There is also a need to attract people who have not previously worked for the NHS and to provide education and training opportunities for people who may lack formal qualifications.

A common surplus land disposal policy between Government departments
Within the Department of Health all surplus land and property sales are governed by the estate code, which allows other NHS organisations first call at reduced district valuer (DV) valuations rather than market rates. If this were extended across all Government departments, greater site access would open up, not only to the NHS but to other Government departments. This is a key requirement being asked of Government.

Investing in design
The design of buildings can bring benefits to users and operators over time by reducing operating costs, improving health outcomes, quality and patient safety. Innovative design can also link health with other community-based services, such as libraries. The NHS Confederation’s Future Healthcare Network is working with members to spread learning about the best health design ideas from the UK and abroad.
Grand designs: the new London NHS

Design

Good quality design involves three key attributes:

- fit for purpose – enough space to do the job
- technically sound – construction is appropriate and the environment is comfortable
- therapeutic impact – the space enhances a sense of well-being.

There is growing evidence that good design can contribute to the healing process. Scientific studies link environmental factors such as noise, views, light, music, art with improved outcomes for patients, measured by reductions in the use of drugs, fewer adverse incidents, shorter lengths of stay etc. Studies based on social science methods focus on patient satisfaction, experience and control as key factors in improving the user experience. Studies have shown, for example, that patients in newer environments rated their treatment better and felt that staff were happier. There is evidence to show the quality of the environment can affect staff recruitment and retention.

There are three ways in which design can help in meeting the modernisation agenda:

- strategic planning across the health community to get the best location for services and so provide access for patients in places that are local to home and work
- linking the redesign of services with the design of buildings to ensure that development will meet future needs
- in creating a more therapeutic environment.

There are a number of initiatives that support the creation of good design.

- Each trust has an appointed design champion.
- Every project over £20 million will undergo a review by the NHS Design Review Panel organised by CHAD (Centre for Healthcare Architecture and Design).
- Toolkits such as AEDET (Achieving Excellence Design Evaluation Toolkit) and NEAT (New Environmental Assessment Toolkit) available from the NHS Estates website provide practical ways of testing designs at early stages, during development and when in use, to assess design in terms of quality and sustainability.
The way forward

This report shows that the NHS has grand designs for London and that contrary to general opinion many of these projects will be publicly funded. Progress is already underway; and there is a need to maximise the opportunities and tackle the barriers to ensure that the London NHS meets the challenges ahead.

There is a question over how the London NHS can afford to update facilities and provide for dramatic population growth. The Mayor’s London Plan predicts that London’s population will increase by 700,000 over the next 15 years. While expansion on such a scale will pose challenges, the Mayor’s aim is to develop London as an exemplary world city with fundamental improvements in environment. The real challenge will be in delivering improved facilities and changing the way in which services are delivered at a time when the population in the capital is growing.

Resources

The London NHS workforce – facts and figures
www.nhsconfed.org/publications

Health in London: what makes London different?
www.nhsconfed.org/publications

Future Healthcare Network Briefing 3: Investing in design: developing a business case for good design in health www.nhsconfed.org/publications

A new generation of healthcare facilities: modernising the fabric of the NHS
www.nhsestates.gov.uk

Chief Executive’s report to the NHS, May 2003
www.doh.gov.uk/nhsreport

The London NHS Confederation is working on members’ behalf to present the London NHS perspective on policy priorities. If you would like more information about this work, please contact Rachel Maybank, London Relations Manager, telephone 020 7959 7254 or e-mail rachel.maybank@nhsconfed.org

This report has been supported by Westminster Healthcare.
Appendix: An overview of London NHS organisations’ projects, by strategic health authority area

Further information on projects is available from each individual body. Many of the LIFT ventures only have their first wave projects listed.

North West London Strategic Health Authority

Brent Harrow and Hillingdon LIFT (£20 million)
Includes five new primary care centres – Monks Park Primary Care Centre; Northwood Primary Care Centre; Sudbury Primary Care Centre; Alexandra Avenue Primary Care Centre; Kingsbury Primary Care Centre.

Ealing, Hammersmith and Hounslow LIFT (£38 million)
Grand Union Health Centre (new); Mattock Lane Health Centre (redevelopment and rebuild); two GP practices at Cloister Road, Acton; Thelma Golding Centre, Hounslow; Wandsworth Bridge Road Centre.

Brent PCT Non-LIFT capital schemes (£52.6 million)
Harlesden Primary Care Centre; Chalkhill Primary Care Centre (both centres funded through housing association regeneration money); Willesden Centre
for Health & Care (PFI-funded); Kingsbury Community Hospital (funded through land sales); two South Kilburn healthy living centres (funded through Kilburn regeneration money).

**Westminster PCT (£15 million)**

There are ten new primary care centres being developed. These include: the redevelopment of the former Westminster Hospital site to include GPs' surgeries, and other one-stop facilities for which public funds are required; a development in Maida Vale and one in the West End (PFI); a GP premises and one-stop centre including chronic disease management in St John's Wood; a new development in Victoria bringing together GP services and a one-stop centre; an extended health centre with PCT facilities and social care as part of the Westbourne Green redevelopment (PFI); primary care facilities for GPs, one-stop shop, walk-in centre and out of hours as part of the Paddington campus development; a new development in North Paddington; a new health and social care centre for children. In addition there is the refurbishment of an existing health centre in Queen's Park (public funds); and the redevelopment of an existing practice with extended services in Elgin Avenue.

**Chelsea and Westminster Healthcare NHS Trust (£6.6 million)**

A new paediatric ambulatory care centre; new treatment centre to be provided in current day surgery unit.

**Central and North West London Mental Health NHS Trust (£25 million)**

Community-based facility in Woodfield Road; new unit for older adults with mental health problems at St Charles Hospital and the refurbishment of the existing mental health unit at the hospital.

**Hammersmith Hospitals NHS Trust (£64.2 million)**

New renal services centre with modern wards; expansion of cardiac services; cell and gene therapy laboratory; expansion and integration of breast screening and symptomatic services at Charing Cross Hospital.

**Hillingdon Hospitals NHS Trust (£230 million)**

To receive ministerial approval: proposal to redevelop Hillingdon Hospital (with the exception of the new mental health service), and to consolidate local acute services provided at Mount Vernon Hospital in a new ambulatory, diagnostic and treatment centre on the Mount Vernon site.

**North West London Hospitals (£82.2 million)**

Brent Emergency Care & Diagnostic Centre (PFI scheme); new children's ward; maternity refurbishment and new birthing centre.

**Paddington Health Campus (£800 million)**

PHC will combine the teaching hospital, St Mary's, with the internationally acclaimed Brompton and Harefield hospitals and the International Heart and Lung Institute of Imperial College.

**West Middlesex University Hospital NHS Trust**

New hospital opened in May 2003.

**West London Mental Health NHS Trust (£: no figure available)**

A development at Broadmoor; a new unit at Charing Cross; refurbishment of the Lakeside Unit at West Middlesex; development of a dangerous and severe personality disorder unit and a women's enhanced medium secure service.

**North Central Strategic Health Authority**

**Barnet, Enfield & Haringey LIFT (£28.8 million)**

Centres at: Forest Road; Moorfield Road; Vale Drive; Lordship Lane; Burgoyne Road Clinic; Highgate/Church Road Clinic; Hornsey Primary Care Resource Centre.

**Camden and Islington LIFT (£: no figure available)**

Bingfield – new build to accommodate services for two GPs and space to grow; Hanley Road refurbishment of building to provide zero list (new practice) for up to three GPs; Prospect Place new build, with social housing and community space to accommodate GP surgery; River Place redevelopment of present health centre to provide...
locality base for health and social care, including one practice, and extra housing as part of redevelopment; Finsbury refurbishment of grade 1 listed (inside and out) building for two GP surgeries and a range of community services.

**Barnet PCT (£44 million)**
A new walk-in centre planned for Finchley Hospital; Edgware Community Hospital (£35.7 million; publicly funded); looking at respite care re-provision.

**Enfield PCT (£3.5 million)**
The planned new Edmonton Green development will include seven GPs plus one trainee and nine treatment/nurse consulting rooms. The centre will also include podiatry, community dentistry, speech and language therapy, community nursing and a family planning service. Aim is to be completed 2005. To be funded using GP notional rent payments and growth.

**Islington PCT (£: no figure available)**
The Arsenal redevelopment (four section 106 planning gain premises in this development). One of these will provide a locality centre for a combination of health and social care and GPs’ surgeries. There are also two private sector new builds of GPs’ surgeries – one nearing completion the other about to get planning permission, both under section 106. The PCT wants to redevelop CAMHS service at Simmons House.

**Barnet and Chase Farm Hospital NHS Trust (£106 million)**
Independent sector treatment centre; elective treatment centre; Chase Farm redevelopment.

**Barnet, Enfield and Haringey Mental Health NHS Trust (£12.8 million)**
A new mental health unit at Barnet Hospital.

**Camden and Islington Mental Health & Social Care Trust (£25 million)**
Highgate Wing development – funded through land sales.

**Great Ormond Street Hospital NHS Trust (£230 million)**
Major redevelopment of the whole hospital funded from charitable sources. There is a four-stage plan which will take place over 16 years.

**Moorfield Eye Hospital NHS Trust (£11.5 million)**
A new treatment centre and a new paediatric centre.

**North Middlesex University Hospital NHS Trust (£73 million)**
Redevelopment of North Middlesex Hospital which will include a treatment centre and all emergency services.

**Royal National Orthopaedic Hospital NHS Trust (£137 million)**
Delivering a new outpatient/assessment centre in central London on a land sale and lease back of facilities basis. Land sales expected to generate £15 million with lease back of facilities on a minimum 25-year commercial lease. Project developed under a PPP procurement route. Stanmore site redevelopment: 267 bed new build, expected to be funded through PFI, land sales and charitable donations. Trust preparing SOC.

**Royal Free Hampstead NHS Trust (£62 million)**
Two major building schemes: a refurbishment of the main hospital and a combined hospital residence and ward development.

**University College Hospital NHS Trust (£422 million)**
New hospital on Euston Road (715 beds).

**Whittington Hospital NHS Trust (£30 million)**
PFI project for a new clinical block and entrance due to open 2004. The trust is also working with local PCTs to develop a new walk-in centre funded by DoH.
North East London Strategic Health Authority

Barking and Havering LIFT (£55 million)
First schemes likely to include: Dagenham; Dagenham Village; Chadwell Health and Marks Gate; Thames View/Barking Creek; Harold Hill, Rainham and South Hornchurch; Rainham; Cranham.

East London and City LIFT (£60.4 million)
The majority of projects are primary care centres. The Church Road One-Stop Primary Care Centre (£4.9 million) is currently under construction and a further three projects, aggregate value £34.1 million, are now at advanced stage of development. Work expected to start shortly on two of these: the £14.6m Newham Older People’s Project (which will provide 78 beds and the base for the area’s services for older people) and the £2.6 million Barking Road Primary Care Centre.

Redbridge and Waltham Forest LIFT (£19 million)
Manford Way Health Centre will become a primary care and one-stop shop involving three GP practices; Comely Bank Waltham Forest will also house a toy library and play group; Wood Street, Waltham Forest will house four GP practices.

City and Hackney Teaching PCT (£1.2 million)
Outside LIFT, a new walk-in centre at the Homerton.

Redbridge PCT (£1.12 million)
A new walk-in centre at King George Hospital (DoH-funded).

Waltham Forest PCT (£1.6 million)
A new walk-in centre at Whipps Cross (funded by DoH and PCT capital).

Barts and The London NHS Trust (approximate value £1 billion)
Rebuilding and redevelopment of The Royal London and the creation of a specialist cancer and cardiac centre at Barts (PFI project). Contract to be signed January 2005 with phased completion over eight-to nine-year building period.

Barking, Havering and Redbridge Hospitals NHS Trust (£233.2 million)
New Romford Hospital due to be completed in autumn 2006. Major acute specialist hospital with 859 beds to replace existing unsatisfactory facilities at Oldchurch/Harold Wood hospitals. The trust is also developing other new services including a new treatment centre that will be funded through a PPP and a new cancer centre (joint partnership with Macmillan cancer services).

East London and The City Mental Health Trust (£49 million)
Newham CAMHS Unit; re-provision of 108 beds to the Mile End site with support accommodation and therapy; increasing low secure facilities at Hackney; personality disorder unit.

Homerton University Hospital NHS Trust (£12.8 million)
New operating theatre; 12-bed ward; lecture theatre and ward refurbishment.

Newham Healthcare NHS Trust (£46.5 million)
Combination of publicly and privately financed developments to modernise Newham General Hospital. All services will be transferred from St Andrew’s Hospital to the Plaistow site.

North East London Mental Health NHS Trust (£2.6 million)
Upgrading wards and providing accommodation at Goodmayes Hospital; major renovations to meet privacy and dignity standards at inpatient units.

Whipps Cross University Hospital NHS Trust (£400 million)
New PFI hospital.

South West London Strategic Health Authority

Wandsworth, Kingston, Richmond and Twickenham LIFT (includes Croydon, Sutton and Merton PCTs) (£70 million)
There are two schemes in initial development that are due to open in the summer of 2005 and which will provide GP services, mental health units,
ambulance and PCT services. Discussions will start early in 2004 about the second wave of developments.

**Wandsworth PCT/Richmond and Twickenham PCT/South West London and St Georges NHS Trust (£54 million)**
Community hospital integrated elderly/rehab/mental health/outpatient/rapid diagnostic/limb fitting. The PFI project will replace Queen Mary’s Hospital Roehampton on the same site and will open December 2005/January 2006.

**Richmond and Twickenham PCT (£3.7 million)**
New walk-in centre at Teddington Memorial Hospital (funded by DoH) and Nightingale Ward replacement.

**Epsom and St Helier University Hospital NHS Trust (£8 million)**
Modernising Nightingale wards and upgrading the maternity unit at St Helier; new hospitals being proposed for Merton, Sutton and Mid-Surrey over the next ten years.

**Kingston Hospital NHS Trust (£23 million)**
PFI project to provide new wards on the hospital’s Roehampton Wing. It will also provide new facilities for physiotherapy, education, training services and catering including a new dining room and café. A further key element of the project will be the provision of site-wide ‘hotel services’, which will include a wide range of functions, for example, cleaning, portering and car parking.

**Mayday Healthcare NHS Trust (£32 million)**
New Jubilee Wing (publicly funded) which includes four day-case theatres and 306 beds due to open 2004. A new outpatients and diagnostic centre to be built at Purley which will include a number of services including primary, secondary and community (funded through a PPP but will be wholly NHS owned at the end of the build).

**Royal Marsden NHS Trust (£48.6 million)**
Major radiotherapy scheme at Sutton; new critical care unit at Chelsea to cater for increased theatre activity; new drug development unit, medical day unit and PET/CT scanner at Sutton (no projects PFI funded).

**St George’s Healthcare NHS Trust (£4.5 million)**
New national endoscopy training centre will include four endoscopy rooms, an 18-bed recovery unit and patient waiting areas. The centre will train GPs, nurses and allied health professions as well as hospital staff. Publicly funded and due to open autumn 2004.

**South West London Elective Orthopaedic Treatment Centre (£15.5 million)**
A new development.

**South West London and St Georges NHS Trust (£: no figure available)**
Aims to improve its inpatient accommodation on all sites and there is a significant capital development programme under way.

**South East London Strategic Health Authority**

**Bromley, Bexley and Greenwich LIFT (£50 million)**
The first set of schemes include rebuilding part of Beckenham Hospital to rehouse two GP practices and a community clinic; new health centres at Vanbrugh Hill, Bromley Common, Lakeside, Garland Road, Orpington High Street. Extended GP premises in Penge; West Wickham; Godstow Road. Child development and outpatient services centre in Bexley. Erith primary care centre (public finance plus land sales).

**Lambeth Southwark and Lewisham LIFT (£50 million)**
First-wave schemes include GP surgeries, health centres, a child development centre and a community hospital.

**Bromley PCT (£2 million)**
Station Road Clinic to provide a clinic for four GPs and community staff; a housing development where the developers are providing for a primary care site within the development.
Lewisham PCT (£18.5 million)
Children and young people’s centre (publicly funded) and a new walk-in centre (interim WIC based in New Cross). Joint scheme with the borough to build a lifestyle centre which will include a two-GP practice. Other GP schemes include: Goodward Road; Loampit Vale; Slagrove Place; Hither Green Hospital (single GP); Rushey Green and Perry Hill; one-stop shops at Morden Hill and Lee Road.

Bromley Hospitals NHS Trust (£8.5 million)
New Princess Royal University Hospital opened April 2003 and a new treatment centre opened November 2003. The trust is now extending its day surgery unit to create an additional two operating theatres and ten recovery areas (funded by the Treasury) and opened a treatment centre at Orpington Hospital at the end of October (funded by the SHA).

Guys and St Thomas’ Hospital NHS Trust (£66 million)
The trust is currently planning the new Evelina Children’s Hospital in what will be a landmark building at St Thomas’. The trust will also be upgrading existing wards.

King’s College Hospitals NHS Trust (£15 million)
Ruskin Wing refurbishment. This building, originally opened 1968, is being completely updated, to treat patients better surroundings.

Lewisham Hospitals NHS Trust (£54.3 million)
A new seven-storey facility to replace existing Nightingale wards; new inpatient accommodation; stroke unit and bigger medical admissions unit. The trust is also to redesign its A&E department.

Oxleas NHS Trust (£45 million)
Memorial Hospital refurbishment and new wards built as individual buildings to provide high quality therapeutic surroundings with garden access. The first of these is to house the existing service for older people with mental health problems. The trust is also increasing the size of its medium secure unit to provide an additional 45 beds for people with mental health problems.

Queen Elizabeth Hospital NHS Trust

Queen Mary’s Sidcup NHS Trust (£22.8 million)
Refurbishment and modernisation of ward block and outpatient department.

South London and Maudsley NHS Trust (£17.1 million)
Croydon General Hospital redevelopment (at outline business case stage).

Pan-London trusts

London Ambulance Service NHS Trust (£15 million)
Relocating Ruislip ambulance station and rebuilding Streatham ambulance station.
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Grand designs

This report reveals the challenges for the London NHS and shows that, contrary to some perceptions of a service in decline, there is a mixture of old facilities being rejuvenated and many new services coming on-line. Over £5 billion is being invested to make health service facilities better for Londoners.

It looks at the relationship with the private sector and local government, and where the blocks and opportunities lie.

Grand designs: a new NHS for London ends with an overview and has an information table about London NHS organisations and their individual projects.

This report by the London NHS Confederation is essential reading for all NHS leaders and managers in London. It will also be of interest to researchers and students of health policy as well as those working in partnership with the NHS.

This report has been supported by Westminster Healthcare.

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