

A Strategic Service Development Plan

Developing Health Services and Buildings in Bolton

June 2008



Building Better Health For Bolton

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1. Introduction

This document is the Strategic Service Development Plan for Bolton Primary Care Trust.

It sets out a framework for modernising health buildings in Bolton to enable better health and improved health services.

Our aim is to make future investment in NHS community buildings that will reduce health inequalities, bring services closer to people, enable choice, and improve health and health outcomes for Bolton people.

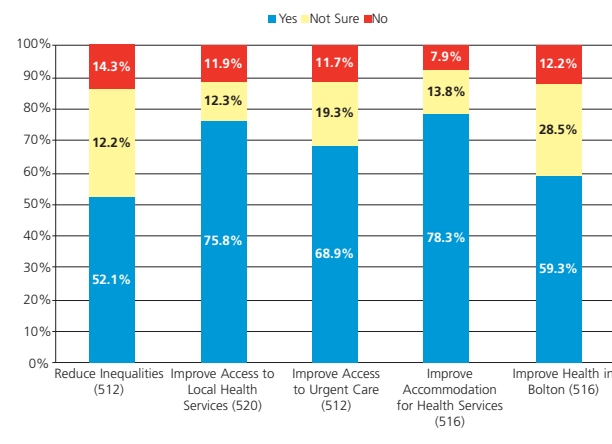
This plan was first issued for public consultation in December 2007. During a three month period over 8,000 copies of the plan were distributed and senior representatives of the PCT attended 71 meetings with members of the public and staff to explain the plan and listen to views.

Analysis of the consultation response forms submitted to the PCT demonstrated overall support for our plans to:

- Reorganise urgent care services across the borough linked to a new town centre facility for urgent care and diagnostic services
- Establish 10 new health centres across Bolton that will support reduction in health inequalities and enable health interventions to be provided as early and locally as possible.

During the consultation members of the public were asked whether they thought our plans would achieve five strategic aims. A summary of responses is shown in the table below:-

Do you agree that the proposals will meet the five aims?



A report of the public consultation findings and analysis was presented at the April 2008 public meeting of the PCT Board and copy can be accessed at the PCT website (www.Bolton.nhs.uk).

This updated and final version of our Strategic Service Development Plan takes into account the views expressed by staff and members of the public.

The changes to the document are included in section 4.4 Our plans for the future - the Estates Strategy. This section of the plan is now explicit in addressing the common themes raised during the period of public consultation related to:

- Access to health centres
- Personal care (maintaining continuity of care with your own GP)
- The provision of dental, pharmacy and optometry services
- The timescale for delivery of the new buildings
- Workforce development issues

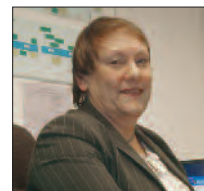
Section 3 (Where we are now) and section 5 (Making our plans happen) have not required any significant changes.

A detailed response to all of the issues raised during the public consultation has also been prepared and will be issued at the June 2008 public meeting of the PCT Board.

We wish to thank everyone who participated in the public consultation. We will continue to work closely with local people to listen and provide further opportunity for involvement as we move forward to implement this plan.



Tim Evans
Chief Executive



Pam Senior
Chair



Stephen Liversedge
GP and
Chair of Professional
Executive Committee

2. Summary

This document provides the Strategic Plan that will inform and enable investment and development of community-based health accommodation in Bolton.

"Bolton Hospitals were pleased to be involved in the development of this Strategic Plan, particularly in the Urgent Care and Estates Strategy reviews. I believe that the strategy set out in this document will allow us to work together in Bolton to improve Health and Health Services for Bolton people."

*David Fillingham,
Chief Executive, Bolton Hospitals Trust*

It provides information on:

- The issues that influence the need for development of the buildings where community health services are delivered (health needs, access to services, the poor condition and suitability of existing accommodation).

It takes account of, and brings together, a number of existing strategic plans for the development of health and care services in Bolton. **Together these aim to:**

- improve health outcomes
- reduce health inequalities
- improve quality and access to services.

It describes:

- A plan for future development of community-based health accommodation
- Confirms that this can be delivered by the BRAHM LIFT finance mechanism
- Is achievable within the PCT's financial capability.

The big changes put forward in this plan are:

- A reorganisation of Urgent Care Services across the borough linked to a new town centre facility for urgent care and diagnostic services - the Urgent Care, Diagnostic and Treatment Centre.
- An increased concentration on reducing health inequalities and intervening in health as early and locally as possible, linked to 10 newly built Health Centres across Bolton.

A summary of the document is shown in the table opposite.

Summary of Strategic Service Development Plan

Section	Overview of Content
<p>Where we are now (Page 4 - 10)</p>	<ul style="list-style-type: none"> o People in Bolton experience poor health and have reduced life expectancy. The gap in life expectancy is worst in the most disadvantaged areas of Bolton. o Enabling healthy lifestyles is important to reduce the gap in life expectancy. o Good access to high quality community-based services for early recognition and treatment of illness is important to reduce the gap in life expectancy. o There is an under-provision of GP and primary care services in Bolton and a high demand for urgent medical services. Access to primary care and urgent care services needs to improve in Bolton to enable early recognition and effective treatment of illness, and provide easy access to health advice. o The existing community accommodation is of poor functional quality that makes it difficult to expand or develop community based services.
<p>Our Plans for the future (Page 11 - 17)</p>	<ul style="list-style-type: none"> o There are well developed and previously widely consulted strategic service plans for Bolton that are inter-related and have common aims to improve life experience and achievement for Bolton people, improve health outcomes, reduce inequalities and improve access to services. (Bolton: Our Vision 2007-2017; Better Health for Bolton; Urgent Care Review). o These plans inform and underpin this Strategic Service Development Plan and plans for developing the community estate (i.e., the buildings where services are provided). o The plan for development of the PCT estate is to establish ten new centres across Bolton by 2012 associated with an 84% expansion of current accommodation. One of the new centres is an Urgent Care, Diagnostic and Treatment Centre in the town centre. o Community-based services should be as local as possible and as specialist as needed. A proposal for the specialist services to be provided at some centres and general services to be offered at all centres is described.
<p>Making our plans happen (Page 18 - 19)</p>	<ul style="list-style-type: none"> o The Bolton, Rochdale, Heywood & Middleton Local Improvement Finance Trust (BRAHM LIFT) provides the mechanism and capability for delivery of estate developments described in this plan. o The estate developments are affordable within the PCT's financial plans. o Progress to implement this Strategic Service Development Plan will be reported at public Board meetings of Bolton PCT. o Significant stakeholder involvement and public consultation has already taken place on our plans.

3. Where we are now

Four current issues have influenced our plans for future investment in the primary and community estate. These are:

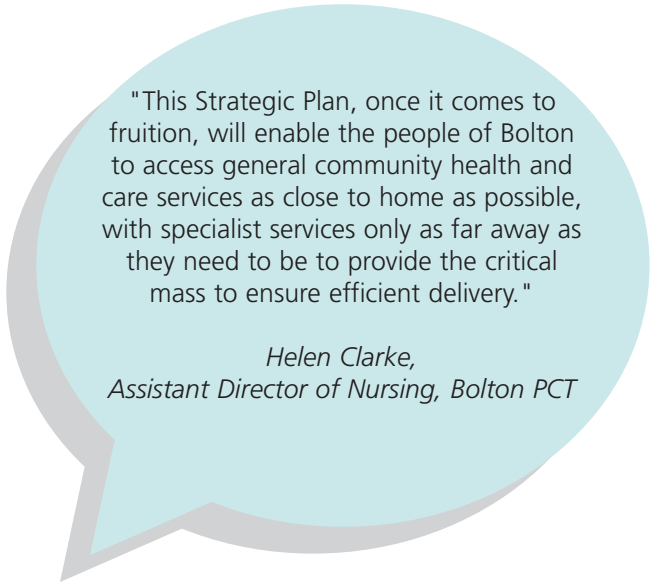
- (i) The health needs of Bolton people.
- (ii) Access to primary and urgent care services.
- (iii) The existing condition of the primary and community estate.
- (iv) Partnership arrangements in Bolton.

3.1 Health Needs of Bolton People

The Director of Public Health's Annual Report published in 2006 (available at www.bolton.nhs.uk/buildinghealth) shows that in Bolton too many people are dying at an earlier age than in other parts of the country from illnesses such as circulatory disease, cancer, respiratory disease and digestive disorders (mainly alcohol related). Both men and women in Bolton can expect to live over two years less than the national average life-span. There are inequalities too within Bolton itself.

In the most disadvantaged neighbourhoods of Bolton people live an average of 15 years less than those in our most affluent neighbourhoods. The gap in life expectancy within Bolton and against the national average is increasing.

Taking account of local analysis and evidence-based research, the Annual Report details the actions that need to be taken to improve life expectancy. This includes actions that will prevent disease by encouraging and enabling people to live healthier lifestyles (eg. by stopping smoking, having a healthy diet and taking regular exercise). The Annual Report also shows that life expectancy in Bolton could be improved if people recognise their symptoms early and seek high quality primary care services at an early stage of illness.

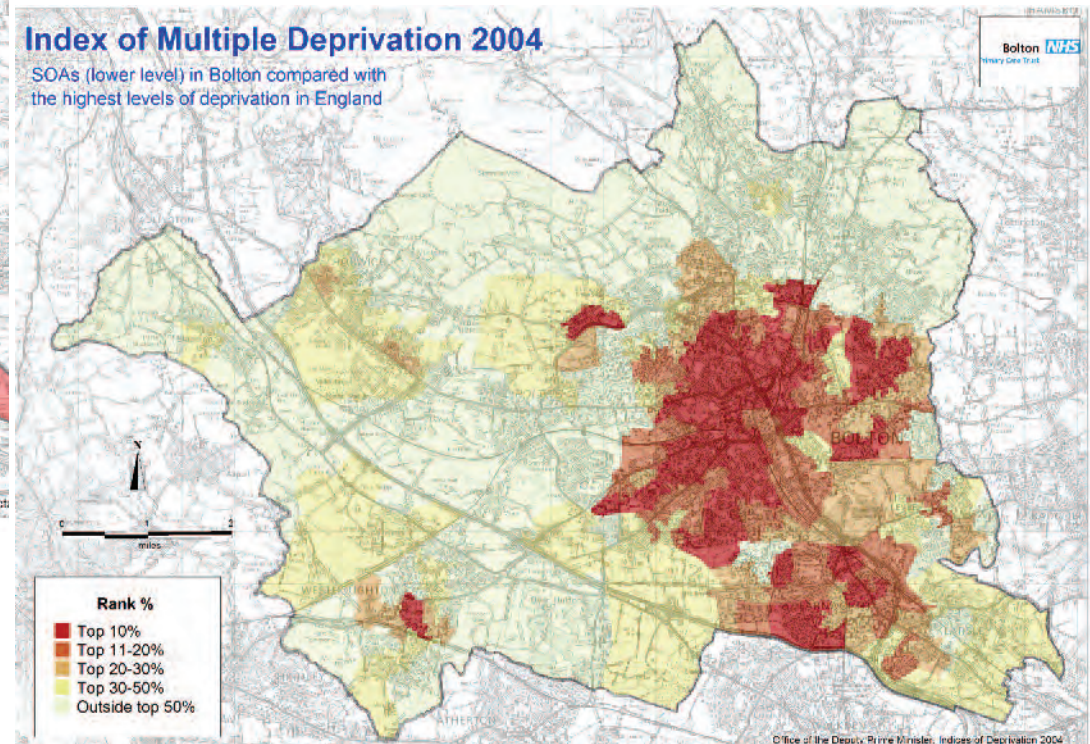
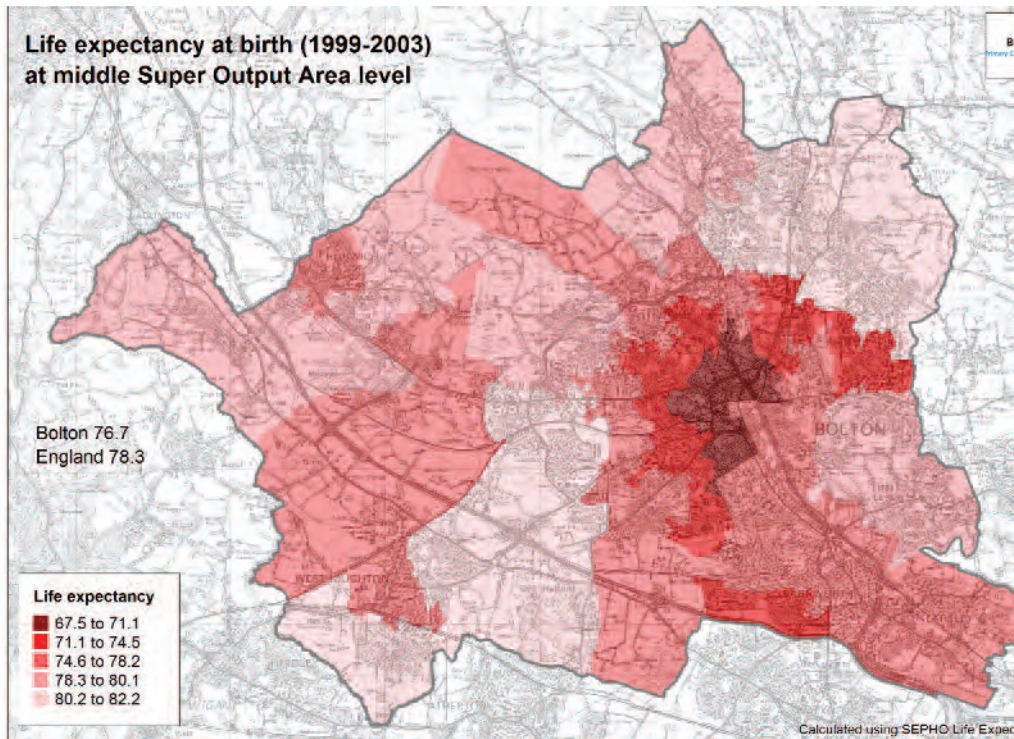


"This Strategic Plan, once it comes to fruition, will enable the people of Bolton to access general community health and care services as close to home as possible, with specialist services only as far away as they need to be to provide the critical mass to ensure efficient delivery."

*Helen Clarke,
Assistant Director of Nursing, Bolton PCT*

The following maps of Bolton show some distinct and related patterns in deprivation and ill health across the Borough:

Our Service Development Plan must offer opportunities to Bolton people to check early and locally on symptoms and get brief and effective advice and support in changing lifestyles.



3.2 Access to Primary and Urgent Care Services

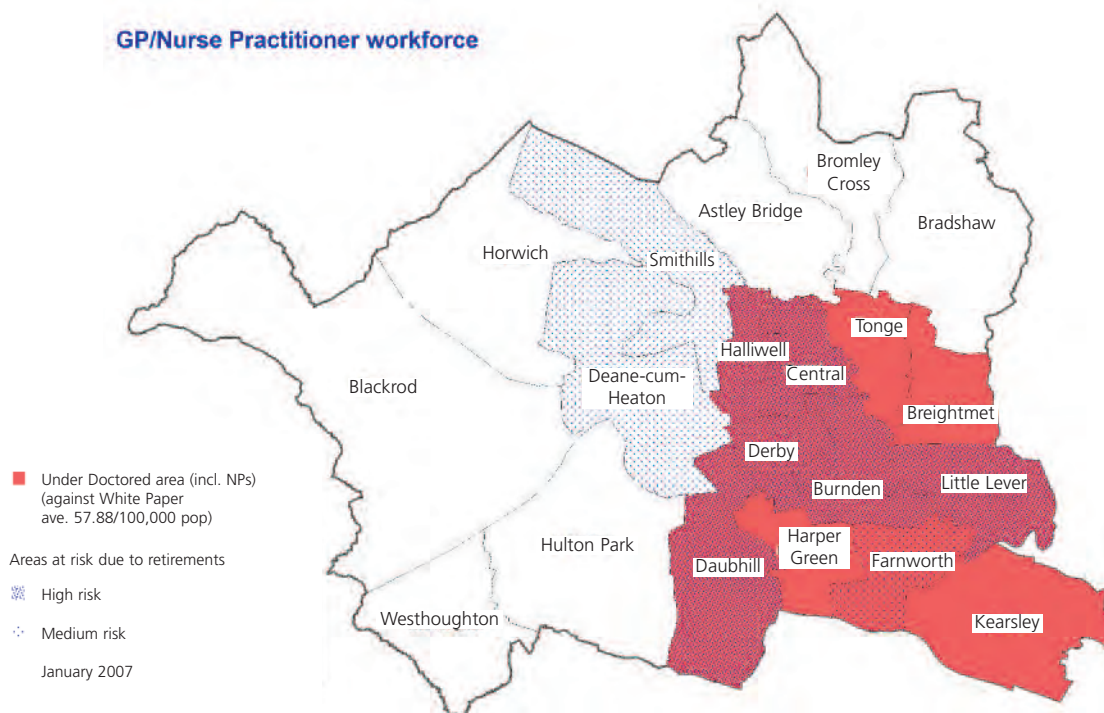
Bolton is 'under-doctored' when compared with the national average. We have a shortfall of 13.85 whole time equivalent General Practitioners (GPs). The age profile of the GP workforce (as at March 2006) shows that there is also a potential risk that the workforce will reduce by 7% over the next five years due to retirement. Reports on current GP workforce and action the PCT is taking to increase the workforce have previously been presented at public Board meetings and can be accessed at www.bolton.nhs.uk/buildinghealth.

The areas of Bolton with the most significant shortfall in GP workforce are in the central and south east areas of the Borough. This correlates to the most disadvantaged areas of Bolton experiencing the biggest gap in life expectancy.

There is a clear link between poor access to primary care services in these areas and poor life expectancy. Our Strategic Service Development Plan must improve access to primary health care services.



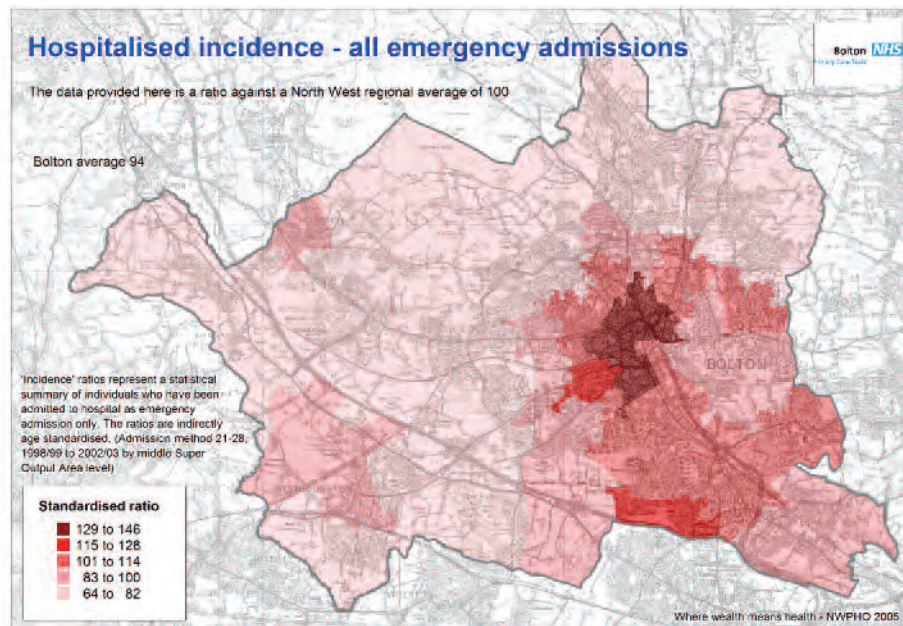
GP/Nurse Practitioner workforce



Urgent care services are delivered in various ways across Bolton. During 2006 there were 203,850 individual episodes where urgent medical care was requested and delivered. This includes 102,358 people attending A&E at the Royal Bolton Hospital, 30,726 people attending the town centre walk in centre, 64,043 calling the GP out of hours services and 6,723 patients seeking urgent dental care.

The NHS Plan published in 2000 introduced a national target that 98% of all patients presenting at A&E or similar services should be treated, admitted or discharged within 4 hours of arrival.





The Bolton health community has not met this target over the last two years. This underperformance has not been helped by an increase in activity of over 24% at the Royal Bolton Hospital A&E department during the last seven years. This increase is despite numerous local initiatives to provide alternative services including the town centre based walk in centre introduced during 2005.

The Chief Executives of Bolton PCT and Bolton Hospitals NHS Trust commissioned a review of urgent care services in Bolton to take place over the summer/autumn of 2007. The review was asked to identify ways in which urgent care could

be improved with a clear emphasis upon improving the patient experience.

A copy of this review and its recommendations, and a related business case for the development of an Integrated Urgent Care, Diagnostic and Treatment Centre can be obtained at www.bolton.nhs.uk/buildinghealth.

A summary of the Urgent Care Review is described on page 12 of this document.

The majority of emergency admissions to hospital are from people living in the central and south east areas of the borough.

This correlates with the areas of Bolton that are most deprived, experience the most significant gaps in life expectancy and where there is currently a shortfall in provision of primary care services. Poor access to primary care services is likely to be a significant factor driving the high demand for urgent medical services in these areas.

Our Strategic Service Development Plan must offer more effective and coordinated urgent care services.

“This plan provides an excellent opportunity to integrate the provision of high quality urgent and out of hours services for Bolton.”

*Dr Anne Talbot, GP Clinical Director,
Bolton PCT*

3.3 The Primary and Community Estate

Bolton PCT currently delivers services from 34 premises in the community. There are also 43 general practice premises. In general, there are concerns about the quality and functional condition of the estate.

In 2003 a detailed review of the condition of the primary care estate was undertaken and found:-

- o Most premises are over 30 years old.
- o The condition is highly variable but most are in poor state of repair.
- o Premises are too small for their current purpose and often cannot be adapted for modern healthcare delivery. This is inhibiting the provision and development of services.
- o Significant financial investment is needed to enable compliance with statutory requirements (disability access, fire safety etc).
- o Many GP practices are in converted residential premises where access is poor and there is no scope for development or expansion.

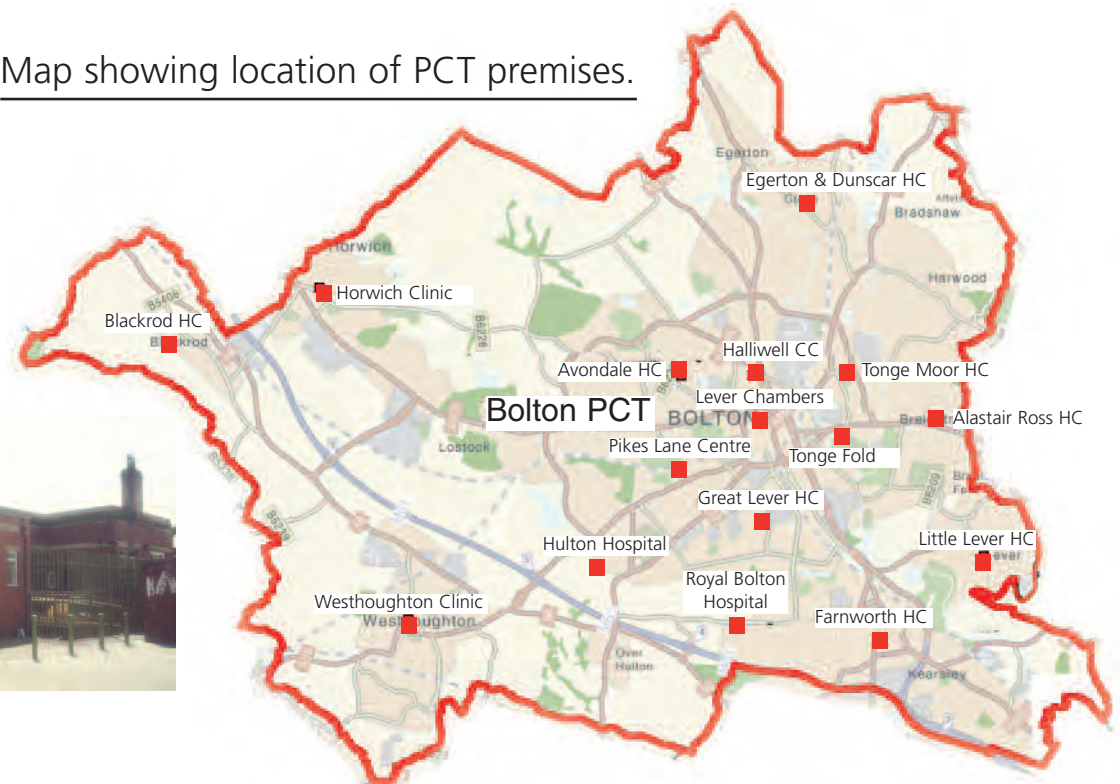


In 2007 Bolton PCT undertook a review of its estate strategy. We ensured that there was significant stakeholder involvement in the review.

Recommendations from this review are described in section 4 of this plan. A copy of the review report can be obtained at www.bolton.nhs.uk/buildinghealth.

Our Strategic Service Development Plan must improve the overall condition of the Primary and Community Estate and implement the recommendations of the estates strategy review.

Map showing location of PCT premises.



3.4 Partnership Working in Bolton

Poor health in Bolton cannot be solved by the PCT alone. Evidence shows that prosperous communities with clean environments, and sound education and training, and where people feel secure are also healthy communities.

Partner agencies across Bolton need to work together to achieve these challenging aims. There is a long and successful history of partnership working in Bolton. Bolton PCT is part of the committed local partnership of private, public, voluntary, community and faith organisations. The strategic plans and aims of this partnership are set out in the Bolton Vision and Local Area Agreement (copies of Bolton: Our Vision 2007-2017 can be obtained at www.bolton.nhs.uk/buildinghealth).

The provision of improved health buildings has the potential to make significant contribution to greater partnership working across Bolton by:

- o Improving the quality of the local environment.
- o Employing local people in construction and delivery.
- o Providing facilities for community use.
- o Providing local people with services from many partner organisations on one site.

The PCT has long been committed to developing environments with a specific and strong focus on continuing learning and development. Within this vision is the desire to create and develop a workforce which continually delivers high quality safe and efficient services to the population of Bolton.

Our Strategic Service Development Plan must provide opportunities for increased partnership working across Bolton.

Bolton Vision partners:

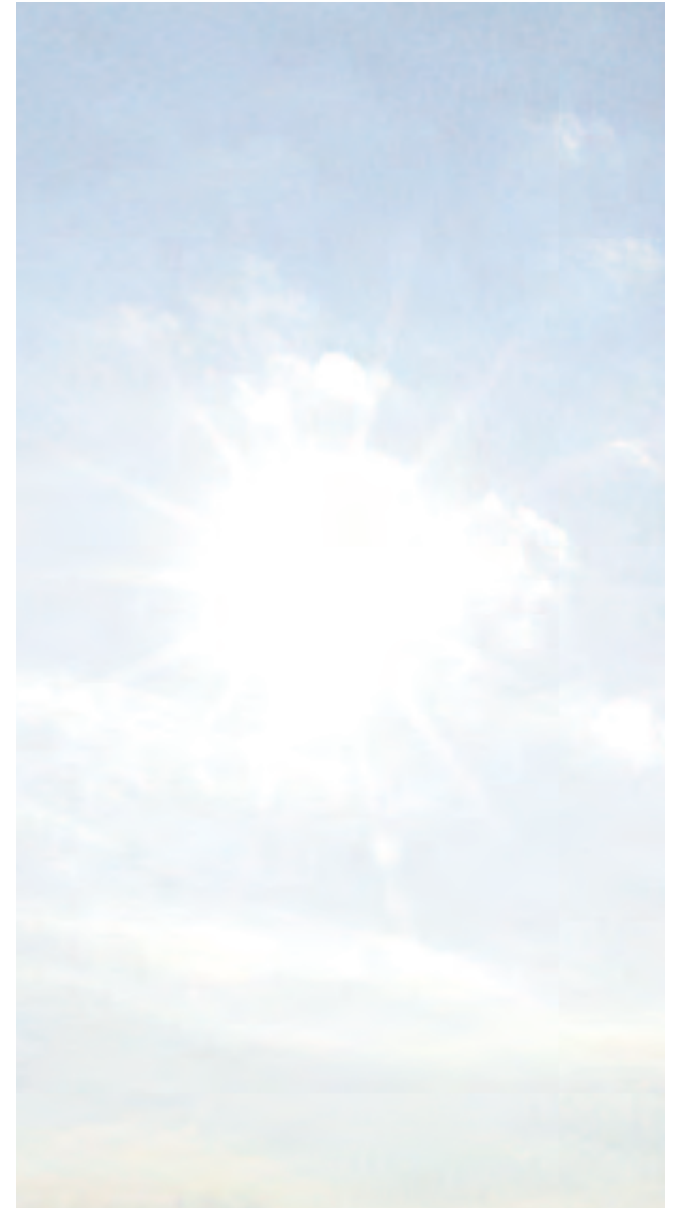
- Bolton Council
- Greater Manchester Police
- Bolton Primary Care Trust
- Greater Manchester Probation
- CVS (Community and Voluntary Services)
- Bolton Community Homes
- Bolton Children's Trust
- Bolton Hospitals NHS Trust
- University of Bolton
- Greater Manchester Chamber of Commerce
- Bolton Community College
- Job Centre Plus
- Learning and Skills Council
- Private Sector
- Voluntary and Community Sector
- Faith Sector
- Local Schools

Bolton Vision Partnership Structure					
Vision Steering Group					
Local Area Agreement Agencies					
Sustainable Development Forum					
Health & Well-being Partnership	Bolton Strategic Economic Partnership	Bolton Skills Board	Be Safe Partnership	Cleaner and Greener Partnership	Stronger Communities Partnership
Healthy	Prosperous	Achieving	Safe	Cleaner & Greener	Strong & Confident
Healthier Communities Health & Care Disabilities Older People	Economic strategy Town Centre Tourism Transport Economic regeneration	Skills Agenda 14 - 19 Partnership	Community Safety	Clean Streets Parks & green spaces	Housing Culture Community cohesion Social regeneration Voluntary and Community activity

3.5 Summary of the Current Position

This section of the Strategic Service Development Plan has outlined the current position and key issues informing the plan. In summary these are:

- (i) People in Bolton experience poor health and have a reduced life expectancy compared to other parts of the country. This gap in life expectancy is concentrated in the most disadvantaged areas of Bolton.
- (ii) Enabling healthy lifestyles is important to reduce the gap in life expectancy along with good access to high quality primary care for early recognition and treatment of illness.
- (iii) There is an under-provision of GP and primary care services in Bolton and a high demand for urgent medical services. This under-provision and high demand is concentrated in the most deprived areas of Bolton. Access to primary and urgent care services in the community needs improving.
- (iv) The existing PCT estate is of poor functional quality and this inhibits expansion or development of community services.
- (v) There is strong partnership working in Bolton and development of the primary and community estate will be consistent with and support the aims of the Bolton Vision Partnership.



4. Our Plans for the Future

This document does not set out a new vision for the future. It pulls together a vision based on strategies and plans that have already been widely consulted on to show that a significant investment in health buildings in the community will enable better health and improved Health Services in Bolton. These strategies are:

- o Bolton - Our Vision 2007-2017.
- o Better Health for Bolton - A Manifesto for Improving Health Services 2006 - 2009.
- o The Review of Urgent Care Services in Bolton.
- o The Review of the Estates Strategy.

An overview of these strategic plans is provided in the following columns.

4.1 Bolton: Our Vision 2007 - 2017

This is the sustainable community strategy for Bolton that has been developed by the Bolton Vision partnership that comprises membership of private, public, voluntary, community and faith organisations - the Bolton family.

It describes a vision that by 2017 Bolton will be a place where everyone has an improved quality of life and confidence to achieve their ambitions. The main two aims of the plan are to narrow the gap between the most and least well off and to ensure economic prosperity in Bolton. These aims demonstrate an ambition to maximise opportunity for growth and investment in Bolton whilst also ensuring that local people benefit by reducing the inequalities that currently exist.

To support achievement of these two aims the plan identifies six priority themes of: Healthy, Achieving, Prosperous, Safe, Cleaner and Greener, Strong and Confident.



Copies of Bolton: Our vision 2007 - 2017 can be obtained at www.bolton.nhs.uk/buildinghealth.

All of these themes can contribute to a Healthier Bolton. The promises under the Healthy Bolton theme: to reduce inequalities in Bolton by improving the health of those living in the least well off areas, and to reduce the gap in life expectancy between Bolton and the English average, are perfectly aligned to the PCT's strategic aims.

4.2 Better Health for Bolton - A Manifesto for Improving Health Services 2006 - 2009

In 2006 Bolton PCT published a manifesto for improving health services in Bolton. The manifesto describes our aim to commission and provide excellent health services that are built around the patient and to develop and deliver effective community based approaches to keeping people healthy. To achieve this aim the manifesto makes a commitment that the PCT will focus on:

- o More prevention of diseases providing support for people to live more healthily
- o Higher quality services that are clinically effective and cost effective, providing safe and equitable healthcare that meets and exceeds national quality standards
- o More convenient services provided more quickly, as locally as possible and as specialist as needed.
- o Better co-ordinated care with improved sharing of information and working together between different parts of the health service and partner organisations.
- o Better information about health, living with ill health and accessing the right health services when they are needed.

The manifesto describes 71 ambitious and quantified promises about the improvements in health and health services that will be delivered in Bolton by 2009. Some of these promises reflect national targets but many are local aims developed to address health inequalities in Bolton.

Among these 71 promises are commitments to:

- o Improve life expectancy in Bolton, reducing the difference in life expectancy between Bolton and the national average, and within Bolton itself.
- o Improve primary care accommodation with a series of new Primary Care Resource Centres.
- o Build an integrated Urgent Care, Diagnostic and Treatment Centre.
- o Shift services from hospital to community setting.



Copy of Better Health for Bolton - A Manifesto for Improving Health Services 2006 - 2009 can be obtained at www.bolton.nhs.uk/buildinghealth.

4.3 The Review of Urgent Care Services in Bolton

During the summer and autumn of 2007 Bolton PCT and Bolton Hospitals NHS Trust Chief Executives commissioned a review of urgent care services in Bolton. The findings and recommendations of the review were published at the November 2007 Board Meeting.

The review recognised that the majority of urgent care is and will continue to be provided by GP surgeries within day-time opening hours. However, when that is not available or cannot meet patients' needs the review recommends a system of urgent care that works under a co-ordinated management structure, uses a single care record and provides the right care in the right setting in a timely fashion. The report identifies a vision for urgent care services in Bolton by 2010 that includes:

- o A 24 hour call centre - a single point of contact for all referring clinicians and for patients when their GP is not available.
- o Ambulance paramedics treating more patients in the community.
- o Two urgent care centres - one in the town centre and one on the Royal Bolton Hospital site. Patients will be able to walk into the urgent care centres or be directed there by the call centre or ambulance services.

- o An emergency care facility at Royal Bolton Hospital that will only receive patients by an emergency ambulance (999) or referral from one of the urgent care centres or the call centre.
- o Direct admission to speciality in-patient care. Where patients require hospital admission they will be admitted direct to speciality wards.
- o Integrated community based urgent health and social care teams that will work from four locations across the borough and deliver intermediate care packages for patients at home and in community settings. The teams will be accessed via the urgent care call centres.

A copy of the Urgent Care Review Report can be obtained at www.bolton.nhs.uk/buildinghealth.

"I think everyone acknowledges that the current system just isn't working. It is difficult for patients to access urgent care and for this reason, many just turn up in A&E when that is not the best place for them. This causes problems for staff, leads to longer waiting times and puts the hospital under additional pressure. Our recommendations are aimed at bringing improvements for everyone."

*Dr Chris Moulton,
Accident and Emergency Consultant,
Bolton Hospitals trust*

4.4 The Estates Strategy

During 2007 Bolton PCT undertook an estates strategy review. A copy of the review can be obtained at the PCT website www.bolton.nhs.uk. The aim of the review was to ensure that plans for the development of the PCT estate:

- Address health needs.
- Enable delivery of the service plans described in the PCT Manifesto.
- Take account of stakeholder views.
- Are affordable.

The review generated options for the number, size and location of new health buildings in Bolton. The preferred option was identified on the basis that it was likely to have most impact on reducing health inequalities in Bolton and improving access to services. This option was included in the version of the Strategic Service Development Plan issued for public consultation in December 2007.

The option provided for the building of eight new health centres (in addition to the two new centres already established in 2007 at Waters Meeting Road and Crompton). It also included plans for the maintenance and refurbishment of existing PCT buildings where a new centre was not planned to be provided. The review also proposed the possible range of specialist services to be provided at some

buildings and the general services to be available at all sites.

During public consultation the most commonly raised issues were relevant to this section of the plan. These issues were: access to centres and services, maintaining the personal relationship that patients have with their GP, provision for independent contractors (dental and pharmacy services), the timescale for delivery of the new buildings, and staffing and workforce development issues.

The plan has been modified to take account of these views and the revised plan is described

Building Better Health for Bolton

The table below summarises the proposed development of the community estate showing where new centres will be developed, the time frame for this and the expansion of accommodation at each site. **Details of proposed services at each site are in the Appendix.**

Site	Type of scheme	Year to complete	Existing size (metres)	New size
Waters Meeting	Third party development	Completed in 2007	271	2,200
Crompton	Third party development	Completed in 2007	443	2,700
Brightmet	LIFT Tranche 1	2008	578	5,700
Urgent Care, Diagnostic and Treatment Centre	LIFT Tranche 2	2010	0	5,000
Farnworth	LIFT Tranche 3	2011	1,200	2,500
Great Lever	LIFT Tranche 3	2011	1,323	2,500
Avondale	LIFT Tranche 3	2011	1,047	2,500
Horwich	LIFT Tranche 4	2012	419	1,000
Westhoughton	LIFT Tranche 4	2012	303	1,000
Little Lever	LIFT Tranche 4	2012	700	1,500
Lever Chambers	Annual capital programme	2011	-	-
Pikes Lane	Annual capital programme	2011	-	-
Diabetes Centre	Annual capital programme	2011	-	-
Halliwell	Annual capital programme	2011	-	-
Egerton and Dunscar	Annual capital programme	2011	-	-
Tonge Moor	Annual capital programme	2011	-	-
Blackrod	Annual capital programme	2011	-	-
Hulton Lane	Annual capital programme	2011	-	-
The Parallel	Annual capital programme	2011	-	-

Timescale for Delivery of New LIFT Builds

The table opposite shows that the planned timescale for completing the new LIFT builds has been extended by 12 months, with the exception of the Brightmet development (construction is in progress and completion is scheduled for 2008).

During public consultation the feasibility of the timescale provided in the consultation document was queried. The original timescale in the plan was felt to be too ambitious to ensure all necessary planning requirements could be fulfilled. The revised schedule shown opposite clarifies the planned timescale for the building to open and be functional. The assumptions on which this timescale is based are provided at Appendix 1.

The PCT has developed a three year capital programme for the refurbishment of existing buildings. This means that the PCT has plans for all existing premises shown above to have improvement works undertaken by 2011. Each year a detailed annual capital programme will be developed and made available based on annual capital resource availability.

Access to and location of new LIFT buildings

The schedule opposite shows the geographical area in which new centres will be developed. At this stage specific sites have been identified for the Brightmet Centre (adjacent to Alistair Ross Health Centre) and the town centre diagnostic and treatment centre development (Deane Road University Campus).

The specific sites for the remaining developments have yet to be identified. Search for suitable sites will be led by the PCT LIFT Partner the Eric Wright Group. Every opportunity will be made to work closely with partner agencies to identify where collaboration may be beneficial enabling community benefits such as multipurpose premises offering health, education, leisure and social care services. The Brightmet and the DTC developments include provision of public library and swimming pool facilities respectively.

In identifying land sites for developments careful consideration will be given to public transport routes, car parking facilities and disabled access. These factors will need to be carefully considered against other issues such as land availability, site feasibility and cost.

Local communities and stakeholders will be involved in identifying suitable sites for the developments and in the design of new buildings, including designs to reduce anti-social behaviour towards staff and users. The timescale provides sufficient time for community engagement and partnership working in this process (see Appendix 1). This includes representative groups like Bolton Active Disability Group for Everyone (BADGE) in designing signs and direction notices in the new buildings. We will continue to lobby Greater Manchester Passenger Transport Executive to provide improved public transport services to health centres and we will publicise transport services such as Dial A Ride that can assist patients. We will use a new Local Enhanced Service and other incentives to improve primary care access hours wherever possible.

Accommodation for primary care contractors

Primary care contractors (GPs, dentists, opticians and pharmacists) will be provided with the opportunity (subject to NHS regulations) to lease accommodation within the new health centres. This will be on a voluntary basis and practices will need to consider the potential benefits of moving to the new premises in relation to their patients needs and preferences and the commercial considerations. For those practices that do choose to move into the new facilities they will, as independent practices, be able to offer the same range of services and choices to their patients as is currently available. Patients will, therefore, be able to maintain their personal relationship with the practitioner of their choice.

Services to be provided from health centres

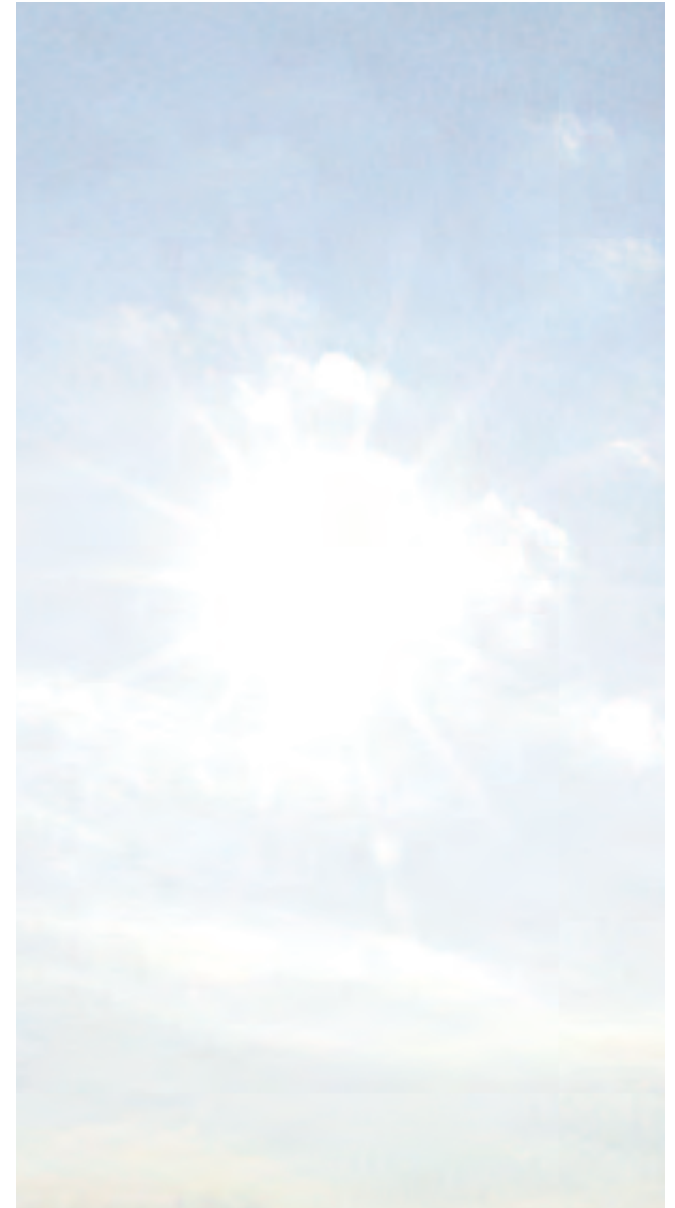
Appendix 2 provides an overview of the proposed specialist services to be provided at some sites and those general services to be delivered at all sites. This is not intended to be an exhaustive or final schedule. It is recognised that this could change as detailed plans for each new centre are progressed. There is no plan to reduce the overall level of community services and for most centres the plan includes a significant enhanced level of service available in the community. The original schedule included in the consultation document has been updated as listed overleaf:

- Ophthalmology is no longer planned to be provided in the town centre DTC.
- General Dental Services have been included on the list of general services to be offered from all sites. This will be dependent on agreement with local practices (see section on primary care contractors above).
- The services to be provided at Hulton Lane have been changed from wheelchair services to general rehabilitation services. The PCT is currently progressing plans to lease accommodation for provision of wheelchair services separate to this plan.

In the case of community paediatric services it is planned that all new centres will include modern designated community paediatric facilities, allowing specialist services to be delivered as close to home as possible. Halliwell Health Centre will be modernised to provide a base for clinical staff and specialist paediatric services in the community.

Staffing/Workforce Development

The development of new buildings described in this plan will enable a broader and more specialist range of services to be provided in the community. This will require staff to work in new ways that will be supported by education and learning, the development of clinical pathways and governance structures. This work has already commenced for the town centre diagnostic and treatment centre. Services currently provided only in a hospital setting will be delivered in the community. This will be enabled by the provision of modern facilities and equipment. Staff will be consulted and involved in planning for the delivery of services in the community.



overleaf.

4.5 Summary of our plans for the Future

- i) There are well developed strategic plans for Bolton that provide the framework and context for this Strategic Service Development Plan Bolton:
 - o Our Vision 2007 - 2017
 - o Better Health for Bolton - A Manifesto for improving health services 2006 - 2009
 - o the Review of Urgent Care Services 2007

- ii) These plans are inter-related and complementary. They have common themes related to:
 - o Improving life experience and achievement for Bolton people
 - o Improving health outcomes
 - o Reducing inequalities in Bolton in particular life expectancy
 - o Improving access to services

- iii) The Estate Strategy Review undertaken in 2007 recommended development of the primary and community estate to enable delivery of these strategic plans. The Estates development plan includes building of eight new centres across Bolton one of which is an Urgent Care, Diagnostic and Treatment Centre in Bolton town centre. It also identifies a timeframe for these developments over the period 2008 - 2012, with developments

implemented in four phases (or tranches).

Taken together these plans add up to a vision in which a significant investment in the primary and community health estate will enable services to move closer to the patient. It will focus services toward areas of highest need, will facilitate an improvement in urgent care services, will foster partnership working, and will enable a greater concentration on earliest possible interventions starting with health promotion and ill-health prevention. All of this will further our primary aim, together with our partners, of reducing health inequalities in Bolton and between Bolton and the national average.

5. Making Our Plans Happen

This section of the plan outlines some of the mechanisms and approaches we will use to deliver the plan.

It includes explanations of:

- o The Bolton Rochdale and Heywood and Middleton Local Improvement Finance Trust (BRAHM LIFT),
- o The affordability of our plan,
- o How we will monitor implementation.

5.1 The Bolton, Rochdale and Heywood and Middleton Local Improvement Finance Trust

The NHS Local Improvement Finance Trust (LIFT) is a procurement mechanism for development of community health premises. It is a means by which PCTs can enter into a public private partnership that brings advantages of:

- o Access to capital funding for buildings,
- o Access to expert experience and skills in property development through the private sector partner,
- o A long-term public private partnership. This allows for the development of mature relationships and shared understanding to develop and implement property solutions that enable delivery of strategic aims.

In May 2007 the Bolton, Rochdale and Heywood and Middleton (BRAHM) LIFT company was established. The Eric Wright Group was selected as the private sector partner (in accordance with NHS LIFT procurement guidelines). The Eric Wright Group has a strong track record with other NHS organisations in the North West.

The BRAHM LIFT Company will design, build and manage the new centres identified in section 4.4 of this plan.

Capital funding for the new centres will be provided by the BRAHM LIFT Company. Bolton PCT will lease the premises from BRAHM LIFT Company over a 25 year term and will be responsible for the revenue costs of these new centres.

Membership of the BRAHM LIFT Company and shareholding is shown below:

Shareholder	% shareholding
Eric Wright Group	60
Partnerships for Health*	20
Bolton PCT	10
Heywood Middleton and Rochdale PCT	10

(Partnerships for Health is a national joint venture company formed by the Treasury, the Department of Health and Private organisations.)

The BRAHM LIFT Company is held to account by the BRAHM LIFT Strategic Partnering Board. This Board comprises membership of:

- o The Eric Wright Group
- o Bolton Metropolitan Borough Council
- o Bolton PCT
- o Bolton Hospitals NHS Trust
- o Bolton, Salford and Trafford Mental Health Trust
- o Heywood Middleton and Rochdale PCT
- o Rochdale Metropolitan Borough Council
- o Pennine Care NHS Trust
- o Pennine Acute Hospitals NHS Trust
- o Northwest Ambulance Service

The Strategic Partnering Board is responsible for identifying the building developments to be commissioned from the LIFT Company and the timeframe for delivery. The Strategic Service Development Plan provides the framework for this.

Bolton, Rochdale and Heywood & Middleton (BRAHM) LIFT
... a vision for the future of modern, patient centred services

5.2 Affordability

Bolton PCT has seen a significant increase in its funding since April 2003, in line with the increase in investment in the NHS as a whole. Our income in 2007/08 is £390 million. This increase in resources together with the BRAHM LIFT Company, allows the PCT to invest in our estate infrastructure.

Work has been undertaken to review the money needed to support the development of the PCT's Estate and initial calculations on the assumptions confirm that the Estates Strategy review recommendations described in section 4.4 of this plan are deliverable.

The PCT needs to ensure that an investment in building is consistent with meeting the other priorities for health in Bolton. A five year financial plan demonstrates that we can afford the estimated increase in costs driven by the Estates Strategy after taking account of income changes, and service developments (including those in the Manifesto) and after cost pressures.

5.3 Monitoring Arrangements

Better Health for Bolton - A Manifesto for Improving Health Services includes 71 quantified promises of the developments and improvements in health services which we will implement by 2009. These promises have been translated into individual service plans, each with detailed milestones and costs, and each with an assessment of the space required to accommodate them.

The development of the PCT estate will enable delivery of the Manifesto. It is also one of the promises being monitored.

Progress on implementing the Manifesto developments is regularly reported at Board meetings held in public.

5.4 Summary of Delivery of the Plan

- i) The BRAHM LIFT provides the mechanism and capability for delivery of the estate developments described in section 4.4 of this plan.
- ii) The estate development described in this plan is affordable taking account of all other foreseeable cost pressures and developments.
- iii) Implementation of the Manifesto is reported at public Board Meetings.

Appendix 1

Planning assumptions for the schedule of new builds.

The schedule for new build completion has been based on discussion with and technical advice provided by the PCT LIFT partner the Eric Wright Group. A generic timescale is shown right. The timescale for some of the actions is prescribed in NHS or other statutory regulation and cannot be compressed. Those areas where the action could be completed in a shorter timescale are marked with a *.

This generic timescale shows that from initiation of a search for a suitable site the total project time to opening of a new build is 130 weeks i.e. 2 years and 6 months.

We will apply this generic timescale to Tranches 2, 3 and 4 described below. Tranche 1- Brightmet Health Centre which is already nearing completion is outside the scope of this document

Week	Description
0 - 24	Search for suitable site (6 months to allow for community engagement and partnership working)*
24 - 36	Design work and PCT Board approval*
36 - 42	SHA stage 1 business case approval and planning application submitted
42 - 54	SHA stage 2 business case approval and planning permission granted
54 - 66	Financial Close*
66 - 70	Required elapse of 4 weeks before build commences
70 - 130	Construction work (average of 15 months, allow 21 months for diagnostic treatment centre)

**Tranche 2 -
The Town Centre Diagnostic Treatment Centre**
Work has already commenced. A suitable site has been identified and the design work is in progress. Financial close is planned for December 2008. Assuming start of construction in February 2009 and a construction period of 21 months the building is scheduled to be completed by October 2010.

**Tranche 3 -
Avondale, Great Lever, Farnworth**
Initiation of search for suitable sites in June 2008 would mean start of construction by December 2009 and completion of the building by March 2011.

**Tranche 4 -
Horwich, Westhoughton and Little Lever**
Initiation of search for suitable sites in March 2009 (once Board approval and design work for Tranche 2 is completed i.e. 36 weeks from June 2008 would mean start of construction by September 2010 and completion of the building by January 2012.

Appendix 2

General Services to be offered at All Sites

Service	Note
General Practice	By agreement with local practices
District nursing	
Health visiting	
Baby clinics	
Anti-coagulation	High volume service requires multiple sites
Community Pharmacy	By agreement with local pharmacies
Diabetes Screening and education	Aligned with general practice
Gynaecology	
Health information	
Lifestyle advice	
Maternity/Midwifery	Increased services in general practice
Paediatrics	As local a service as possible
Physiotherapy	
Podiatry	
Primary care mental health services	
Smoking cessation	
General and Dental Services	By agreement with local practices

Appendix 2 (continued)

Configuration of Specialist Services Across Site

Site	Diagnostics	Specialist Service Base For	Could provide Outpatient consulting suites for
Brightmet	<ul style="list-style-type: none"> o Pad for mobile diagnostics o Near patient testing 	<ul style="list-style-type: none"> o Mental health o Neuro-rehabilitation 	<ul style="list-style-type: none"> o Paediatrics o Elderly medicine o Mental health o Anticoagulation o Neuro rehabilitation
Diagnostic and Treatment Centre	<ul style="list-style-type: none"> o Fixed diagnostics o X-ray o Near patient testing o Endoscopy o Nerve conduction studies o Retinal screening o Echocardiogram o Dyspepsia helicobactor breath tests o Treadmill 	<ul style="list-style-type: none"> o Urgent care (GP Out of Hours, walk in, Dental) o Orthopaedic Clinical Assessment Treatment o General and elderly medicine o Rapid access clinics o Rheumatology o Education facilities 	<ul style="list-style-type: none"> o General and elderly medicine o Endocrinology and metabolism o Gastroenterology o Rheumatology o Orthopaedics o Rapid access clinics o DVT clinic o Anticoagulation o Paediatrics o Oral surgery o Adult ENT Clinical Assessment Treatment o Chest clinics o Alcohol services o Urology
Farnworth	<ul style="list-style-type: none"> o Pad for mobile diagnostics o Near patient testing o ultrasound 	<ul style="list-style-type: none"> o Urgent care (GP Out of Hours, walk in service, dental) o General and elderly medicine rapid access clinics 	<ul style="list-style-type: none"> o General and elderly medicine rapid access clinics o Paediatric outpatient facilities o Anticoagulation o Cardiology o Alcohol services
Great Lever	<ul style="list-style-type: none"> o No diagnostic facilities on site 	<ul style="list-style-type: none"> o General services see page 21 	<ul style="list-style-type: none"> o General services see page 21 o Paediatric outpatient facilities

Appendix 2 (continued)

Site	Diagnostics	Specialist Service Base For	Could provide Outpatient consulting suites for
Horwich	<ul style="list-style-type: none"> o Pad for mobile diagnostics, o Near patient testing ultrasound 	<ul style="list-style-type: none"> o General services see page 21 o Range of visiting speciality services 	<ul style="list-style-type: none"> o General and elderly medicine o Urology, endocrinology and metabolism o Gastrosurgery o Anticoagulation o Alcohol services
Westhoughton	<ul style="list-style-type: none"> o Pad for mobile diagnostics 	<ul style="list-style-type: none"> o General services See page 21 	<ul style="list-style-type: none"> o Paediatric outpatient facilities o Breast screening
Waters Meeting	<ul style="list-style-type: none"> o No diagnostic facilities on site 	<ul style="list-style-type: none"> o General services See page 21 	<ul style="list-style-type: none"> o Interim base for GP Out of Hours until DTC opens o Sexual health o Anticoagulation
Crompton	<ul style="list-style-type: none"> o Will require equipment for skin service 	<ul style="list-style-type: none"> o Skin Clinical Assessment Treatment o Education facilities 	<ul style="list-style-type: none"> o Skin Clinical Assessment Treatment (dermatology, minor surgery, plastics) o General services see page 21
Little Lever	<ul style="list-style-type: none"> o No diagnostic facilities on site 	<ul style="list-style-type: none"> o General services See page 21 	<ul style="list-style-type: none"> o General services see page 21
Lever Chambers	<ul style="list-style-type: none"> o Fixed x-ray o Near patient testing o Ultrasound colposcopy o Obstetric ultrasound 	<ul style="list-style-type: none"> o Sexual health - Genito Urinary Medicine 	<ul style="list-style-type: none"> o Genito Urinary Medicine and sexual health o Gynaecology consulting (including colposcopy) o Obstetrics
Pikes Lane	<ul style="list-style-type: none"> o Pad for mobile breast screening 	<ul style="list-style-type: none"> o General services see page 21 	<ul style="list-style-type: none"> o Breast screening
Diabetes Centre	<ul style="list-style-type: none"> o Pad for mobile diagnostics o Retinal screening 	<ul style="list-style-type: none"> o Diabetes o Long term conditions 	<ul style="list-style-type: none"> o Diabetes o Long term conditions

Appendix 2 (continued)

Site	Diagnostics	Specialist Service Base For	Could provide Outpatient consulting suites for
Avondale	<ul style="list-style-type: none"> o Near patient testing o Ultrasound 	<ul style="list-style-type: none"> o Long term conditions o Renal o Cardiology o Obesity o Endocrinology 	<ul style="list-style-type: none"> o Long term conditions o Diabetes o Renal o Cardiology o Obesity o Endocrinology o General and elderly medicine o Vascular surgery o Leg ulcers o Anticoagulation
Halliwel	<ul style="list-style-type: none"> o Paediatric Audiology o Near patient testing 	<ul style="list-style-type: none"> o Paediatric Ear Nose and Throat Clinical Assessment Treatment o Paediatric audiology o Community paediatrics 	<ul style="list-style-type: none"> o Paediatric ENT Clinical Assessment Treatment o Team base for community paediatric staff but much of outpatient consulting dispersed across other sites and Local Authority children's centres
Egerton and Dunscar	<ul style="list-style-type: none"> o No diagnostic facilities on site 	<ul style="list-style-type: none"> o General services see page 21 	<ul style="list-style-type: none"> o General services see page 21
Tonge Moor	<ul style="list-style-type: none"> o No diagnostic facilities on site 	<ul style="list-style-type: none"> o General services see page 21 	<ul style="list-style-type: none"> o General services see page 21
Blackrod	<ul style="list-style-type: none"> o No diagnostic facilities on site 	<ul style="list-style-type: none"> o General services see page 21 	<ul style="list-style-type: none"> o General services see page 21
Hulton Lane	<ul style="list-style-type: none"> o No diagnostic facilities on site 	<ul style="list-style-type: none"> o Rehabilitation services 	<ul style="list-style-type: none"> o Rehabilitation services
The Parallel	<ul style="list-style-type: none"> o No diagnostic facilities on site 	<ul style="list-style-type: none"> o Young people and adolescent health 	<ul style="list-style-type: none"> o Young people and adolescent health

Glossary

Anticoagulation: Anticoagulants are given to people to stop blood clotting inappropriately in the blood vessels. This is useful in prevention of a range of cardiovascular conditions. Clinics are run to check patients blood levels are safe.

Audiology: Hearing tests, mainly carried out in children.

Cardiology: Assessment and treatment of heart conditions.

Commissioning: The process by which the needs of the local population are identified, priorities set and appropriate services purchased and evaluated.

Colposcopy: A procedure to treat pre-cancerous and cancerous cells of the cervix.

Diagnostics: Tests to help clinicians diagnose medical conditions, such as scans and blood tests.

DVT: Deep Vein Thrombosis – A blood clot in the leg. Requires rapid assessment and treatment.

Dyspepsia: Indigestion

Echocardiogram: A test to diagnose and assess heart disease using ultrasound.

Endocrinology: Assessment and treatment of hormonal conditions.

Endoscopy: Equipment used to obtain pictures of the oesophagus, stomach and small bowel.

ENT: Ear, Nose and Throat

Estates: The buildings from which we deliver our health services.

Gynaecology: Assessment and treatment of conditions of the female reproductive disorders.

Health inequality: The gap in health status, and in access to health services, between different social classes and ethnic groups and between populations in different geographical areas

Helicobacter pylori: A bacteria found in the stomach which is associated with stomach ulcers.

Near patient testing: Blood and urine tests which can be carried out in a clinic with quick results, rather than using a remote laboratory.

Neuro-rehabilitation: Therapy with the aim to restore normal health or function after a brain or nerve injury or disorder.

Orthopaedics: Assessment and treatment of movement conditions, sometimes requiring surgery.

Out-patient: A patient who attends hospital for treatment, consultation and advice but does not require a stay in hospital.

Pad for mobile diagnostics: Mobile diagnostics are often housed in heavy lorry trailers. Reinforced concrete pads with a power supply are required to support their weight and provide utility services.

Paediatrics: Assessment and treatment of children's conditions.

Physiotherapy: Assessment and therapy for movement conditions.

Plastics: Minor surgery to reconstruct damaged or deformed parts of the body.

Podiatry: Assessment and treatment of foot and associated conditions.

PCT - Primary Care Trust An NHS body that has responsibility for the assessment planning and securing (commissioning) of health services in a local area. It must ensure the availability and accessibility of GPs, dentist and other health providers, as well as hospital and community based treatment to all in the population it covers.

Renal: Conditions of the kidney.

Retinal screening: A test which looks at the back of the eye (retina). Most diabetics require this test regularly to ensure that any damage is identified and treated.

Rheumatology: Assessment and treatment of joints and movement.

Ultrasound: A scan which uses sound waves to produce images of the inside of the body. While commonly associated with pregnancy, it would be used for the diagnosis of other conditions.

Urgent Care, Diagnostic and Treatment Centre: A new, large centre, based near Bolton town centre. The site will have diagnostics permanently on-site and mobile diagnostics, which will support a range of clinics and allow the urgent care centre to operate.

Urology: Assessment and treatment of urinary tract conditions

Ultrasound: A scan which uses sound waves to produce images of the inside of the body. While commonly associated with pregnancy, it would be used for the diagnosis of other conditions.

Walk in Centre: NHS Walk-in Centres offer fast and convenient access to a range of NHS services, including health information, advice and treatment for a range of minor illnesses and injuries and self-help advice.

Building Better Health for Bolton



We recognise that not everyone will find this strategy document easy to read. We can arrange for large print or audio tape versions or for a summary in another language. We can also provide further explanation if required.

Please call 01204 462200 if we may be able to help in any way or email your.view@bolton.nhs.uk

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