

Quality  
Healthcare  
Environments

**NHS**  
**Kingston**  
**Clinical Commissioning Group**

# Kingston CCG Estates Strategy – December 2015

**NHS**  
**Property Services**

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# Executive Summary

## 1. Kingston 5 Year Forward View

### ▪ Transformation of Primary Care

- Within 5 years to have a Primary Care Community Branch on the Kingston Hospital Site that includes GP services, Walk in facilities, out of hours (24/7, 7 days a week/52 weeks a year), minor injuries, and Kingston Coordinated Care
- An Urgent Care Centre on the Kingston Hospital site
- Primary care to transition out of unsuitable buildings into fully compliant and generally larger, fit for purpose premises to improve patient experience and outcomes
- Meet the demand for services required by new developments across Kingston borough including the Town Centre, Tolworth & Chessington - expansion of some practices may be required
- Health Centre as part of the Tolworth redevelopment

### ▪ Kingston Coordinated Care

- Include the estates requirement for the delivery of locality based Community Branches to enable delivery of the new model of care

### ▪ Community Services priorities

- Establish the location of intermediate care beds
- Enable Your Health Care as part of delivering Kingston Coordinated Care
- Through utilisation studies, ensure use of existing assets is providing value for money

### ▪ Integrated Services priorities

- Through joint working with the Royal Borough of Kingston utilise properties to maximise health improvement & prevention
- Working with the voluntary & community sectors maximise local assets to deliver the Active & Supportive Communities strategy

# Executive Summary contd: 1

## 2. Objectives and Scope of this strategy

- This strategy sets out part of the current Kingston NHS estate and articulates how it would need to be configured to meet the challenge of transforming health and social care in Kingston
- The scope includes the operational healthcare estate in the borough and strategic healthcare planning at CCG level
- Acute care will be addressed separately at South West London level in 2016.

## 3. The Strategic objectives

- **Developing integrated services around individual needs:** The development of General Practice services to meet current and future challenges are faced will underpin developments to deliver integrated care for patients. This is key to the delivery of Kingston Coordinated Care.
- **Delivery of high quality health and social care services:** General Practice leads will work to develop and support the spread of innovations in General Practice to improve the quality and responsiveness of services.
- **A vibrant and stable health and social care system:** The General Practice leads will work with teams to build resilience and positivity for the future of General Practice.

# Executive Summary contd: 2

## 4. The current estate

- The current estate comprises assets owned and rented by GP providers, NHS trusts, Community Health, NHS Property Services and Community Health Partnerships (LIFT).
  - 10 NHS Property sites
  - 1 Community Health Partnership (LIFT)
  - 23 GP Owned / private rented
  - 6 Trust Providers
- Approximately 20,200 sqm of which 9,800 sqm is concentrated at 2 sites (full data for Surbiton Health Centre is to be confirmed)
- 26 GP practices in 31 buildings - approx 6,000 sqm - £2.74m pa - wide variation in cost and floor area per 1000 patients
- 10 sites either shared with GPs or non-GP. Nine freeholds, one leasehold. One vacant site to be sold.
- A small amount of unlet vacant space
- Utilisation studies recommended to confirm maximised usage of occupied areas

## 5. Immediate Actions

- Surveys to confirm condition of general practice properties and capacity for expansion
- Establish potential for a joint RBK/KCCG estates strategy
- Outline Business Case for Regents Wing Primary Care Community Branch
- Identify possible sites for KCC Community Branches
- Outline Business Case for an Urgent Care Centre

## 6. Risks

- Currently unknown where 35 intermediate beds can be relocated
- Property data has been provided by NHS Property services and is not yet fully validated
- Unknown future costs associated with transfer of GP premises payments from NHSE to the CCG, and the move to market rents for NHSPS properties
- Lack of accurate data on which to base investment recommendations

# 1. Kingston estates vision

- Kingston CCG aims to deliver the highest quality primary care and out of hospital services. To do this Kingston requires estate that is modern, fit for purpose, accessible and fully utilised

# 1i. Transforming Primary Care

## Kingston CCG Primary Care Strategy

- Deliver the highest quality primary care measured by health outcomes, patient experience and staff morale
- Deliver a new primary care community branch on the Kingston Hospital site (Regents Wing)
- Deliver an Urgent Care Centre on the Kingston Hospital Site
- Primary Care delivered at scale to support the out of hospital care strategy
- GP premises to be in good condition, compliant with regulations and of suitable capacity to meet needs of the patient list and therefore fully utilised
- Condition surveys are required on all sites in order to identify issues and prioritise funding

## NHS England Strategy

Transforming Primary Care in London, A Strategic Commissioning Framework, 2015

- Transition out of the existing estate (often converted residential premises) towards more modern, fit for purpose buildings
- Move towards working at scale to facilitate:
  - Economies of scale and
  - Delivery of the increased range of services necessary as part of the out of hospital plan

Primary Care Transformation Fund objectives

- Expansion of joined up out of hospital care for patients through investment in premises
- Support new ways of working that are needed to deliver a wider range of services

# 1ii. Kingston Coordinated Care

- Deliver a new model of health and care for Kingston in which Kingston CCG and Royal Borough Kingston (RBK) work together with other providers to deliver an integrated health and social care service from shared premises
- Includes four community branches to support delivery of the Kingston Coordinated Care Community Branch model

## **Estates objectives to meet this strategy:**

- Establish other community branches to support delivery of Kingston Coordinated Care



# 1iii. Mental Health

- The South West London & St Georges Mental Health Trust (SWL & StG MHT) estates strategy is to reduce the number of inpatient beds and provide more services in the community
- Alongside this intention SWL & StG MHT intend to redevelop its freehold Tolworth Hospital site as a site that contains a new (smaller) hospital and residential homes
- Your HealthCare (YHC) currently provides 35 intermediate care beds in the Cedars Unit, part of the Tolworth Hospital
- The redevelopment plans do not currently include re-provision of intermediate care beds
- 35 intermediate care beds will need to be relocated
- Timing is within the next five years subject to formal approval of SWL & StG strategy

# 1.iv Community Health

- Relocation of 35 intermediate care beds
- Part of the Kingston Coordinated Care
- Utilisation of estate fully
- Enabler to the out of hospital care strategy
- Key partner in the delivery of the Royal Borough Kingston (RBK) Active & Supportive Communities Strategy

# 2. Objectives and Scope

- The objectives of this strategy are:
  - To understand the Kingston NHS estate as it is now, including opportunities and constraints
  - To summarise Kingston CCG's current priorities and vision for future healthcare delivery to patients in the borough
  - To establish how the estate can best be configured to deliver that vision
  - Identify the priorities for investment and opportunities for savings, both short and long term
- The scope includes:
  - GP surgeries, community health, NHSPS and CHP owned and managed properties and provider owned and managed properties
  - Kingston Primary Care Strategy, Kingston Commissioning Intentions 2016/17, Kingston Coordinated Care Strategy and the NHS 5 Year Forward View
  - Consultation and discussion through Kingston Estates Steering Group with Kingston CCG, NHS England, the Healthy Urban Development Unit, Royal Borough of Kingston (RBK), and Your Healthcare Trust
  - Consultation externally with Kingston Hospital FT, South West London and St Georges Mental Health Trust
  - Property data is from various sources including the NHS London Master Estates database v5 draft. These are not fully validated and work continues to improve the accuracy and completeness.
- The scope includes the Kingston Hospital site, but excludes acute/emergency care which will be addressed at a South West London level
- This is the current position of a developing estates strategy. It will respond to new data as it arrives and to the emerging detail of the CCG's own strategy. The intention going forward would be to have a joint RBK/CCG estates strategy

# 3. Estate fit for primary care transformation

## Short term: Making best use of existing assets: Surbiton Health Centre

- Commissioned a utilisation study to identify capacity to deliver additional clinical services
- Maximise the site for clinical purposes

## Medium term: Building opportunities' for Kingston Primary Care Community Branch & an Urgent Care Centre on the Kingston Hospital site

- Kingston CCG and Kingston Hospital FT with RBK have an unique opportunity to develop a primary care community branch on the Kingston Hospital site
- Providing GP services (min. list size 30,000), a minor injuries unit, a Kingston Community Branch, community health, social care, mental health outreach, community & voluntary services, etc. a community pharmacists, diagnostic facilities, house GP out of hours and a range of other clinics and services.

## Long term: New Health Centre at Tolworth

- The development is a RBK led regeneration project which has the potential to include a new health premises if sufficient need/demand can be demonstrated
  - KCCG would want to offer additional community services in this area potentially including a community branch
  - To be economically viable co-location of some of the existing primary care offering would be necessary

## 3i. Kingston Community Branches

- Integrated health, social care, voluntary and community in four community branches
- Currently being piloted to test the size & appropriate locations

# 3ii. Estate capacity for population growth

## General population growth

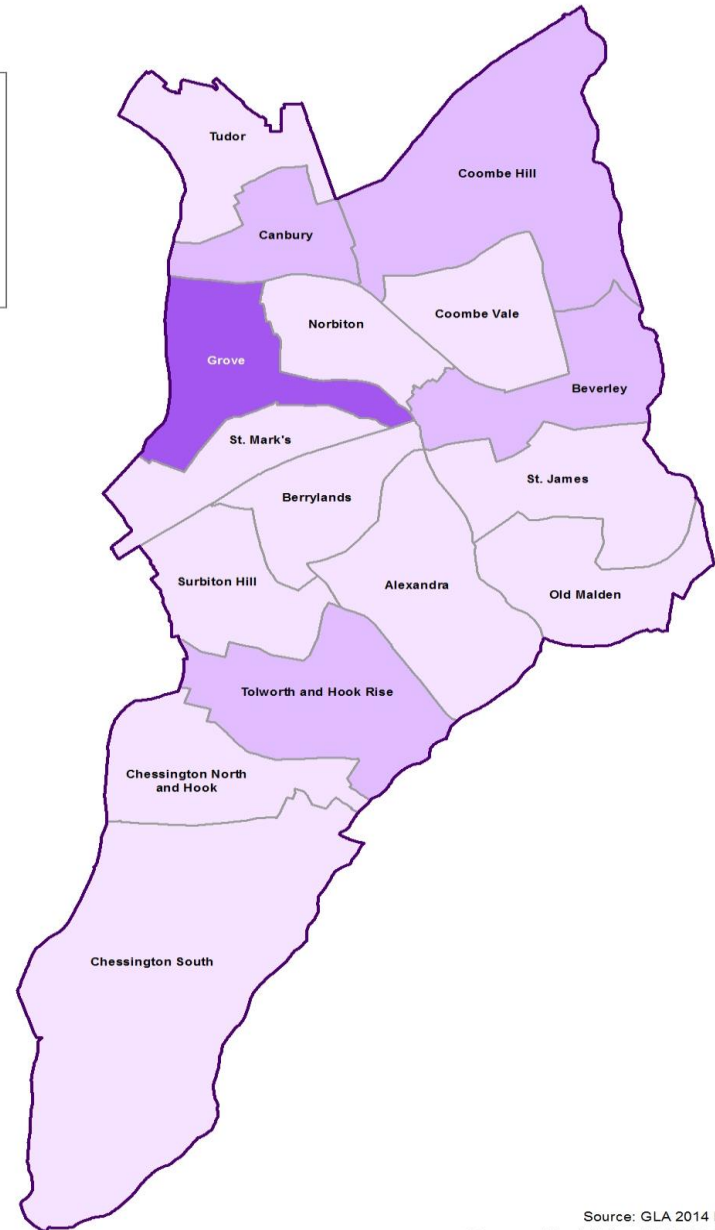
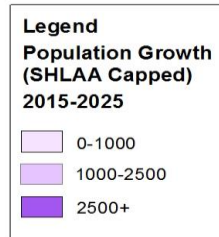
- The current population of 171,000 is expected to grow to 186,000 over the next ten years
- In most areas, the existing estate should be able to absorb this growth with investment for expansion and improvements where necessary
- However, between 2015 and 2025, it is projected that:
  - Grove ward (covering Kingston Town Centre) will have significant growth, with the development of the Eden Quarter of just under 3,000 residents
  - Followed by Tolworth and Hook Rise ward with significant growth of over 2,000 residents
  - In the first 5 years, population growth in these wards and Canbury ward will account for over half (52%) of all growth in the borough.

## Highest growth wards in Kingston

Ward	2015 Population	5 years 2015-2020	10 years 2015-2025	20 years 2015-2035
Grove	11,988	1,296	2,909	4,376
Tolworth and Hook Rise	10,573	1,385	2,374	2,822
Canbury	13,582	1,215	1,449	2,308
Beverley	10,761	654	1,106	1,399
Coombe Hill	10,980	329	1,065	2,196
Alexandra	9,833	464	939	1,249
Norbiton	10,934	341	886	3,108

GLA 2014 Round SHLAA Capped Household Size Model Short Term Migration Scenario Ward Projections

# 3iii. Kingston Population growth



# 3iv. Population impact

- There is a significant floor space shortfall in Surbiton & Tolworth and to a lesser extent in Kingston and New Malden
- Some practices in these areas do not have the existing physical capacity to expand to accommodate growth or accommodate a wider range of services
- However, the above analysis is based on a target floor space assumption of building open for 60 hours and a 60% room utilisation
- By increasing access to primary care (up to 8 am - 8 pm, 7 days a week) and increasing room utilisation the floor space shortfall disappears, with the exception of the Surbiton / Tolworth locality
- Modelling the impact for increased access to primary care at less than 8 to 8, 7 days a week needs to be completed



# 4. Immediate Transforming Primary Care priorities

	Name/ location	Objective/ Challenge to be resolved	Desired outcome
Short Term	Surbiton Health Centre	Making best use of existing assets: Utilisation study has been commissioned.	Maximise the use of space for clinical purposes.
	Premises condition surveys	No record of the condition of GP premises, compliance, suitability for expansion etc.	Progress six-facet surveys to improve ability to prioritise investment effectively.
	Investment policy	To identify the priorities for new investment in the primary care estate	Suggested key criteria <ul style="list-style-type: none"> <li>• Affordability of any revenue implications</li> <li>• Support of the out of hospital agenda and the overall commissioning strategy</li> <li>• Improving compliance with regulations</li> <li>• Improving the quality of the estate where most needed</li> <li>• Benefit to the greatest number of the population</li> <li>• Value for money</li> </ul>
Short to Medium term	KCC Community Branches	KCCG & RBK are moving to deliver more health & care services out of the hospital setting and closer to people's homes. Future model may require reconfiguration of services within existing buildings, refurbished or new accommodation.	Develop and test options to provide Community Branch sites

# 4i. Transforming Primary Care priorities

	Name/ location	Objective/ Challenge to be resolved	Desired outcome
Medium term	Regents Wing Kingston Hospital site	Urgent but non-emergency care has been identified as a significant burden on Kingston Hospital A&E. Regents Wing is occupied as office space but KHFT's own strategy is to vacate and dispose of this building.	Development of a primary care / community branch (with a list of 30,000+) incorporating minor injuries unit, out of hours and walk-in facilities in addition to community services functions. Developing this opportunity to establish overall viability is a high priority.
	Urgent Care Centre Kingston Hospital site	Urgent but non-emergency care has been identified as a significant burden on Kingston Hospital A&E. KCCG currently commissions a GP in A&E service that operates in A&E during the evenings. The success of the pilot has indicated that an Urgent Care Centre, either at the front end of A&E or included in Regents Wing would bring significant benefit.	Development of an Urgent Care Centre on the Kingston Hospital site. Developing this opportunity to establish overall viability is a high priority.
Long Term	Tolworth Health Centre, Tolworth Regeneration scheme	Council led regeneration scheme with opportunity to provide modern health care premises	Engagement with RBK planning department.

# 4ii. Community health estate priorities

	Name/ location	Objective/ Challenge to be resolved	Desired outcome
Short Term	Tolworth Hospital Cedars Unit	Landlord SWL & StG will require intermediate hospital beds (YHC) to be moved from the site to make way for redevelopment	Confirm long term requirement for intermediate beds and initiate search for suitable relocation options.
	Surbiton Health Centre	High quality and high cost health care building,	Ensure use of the building is maximised to obtain best value
	Acre Road	NHSPS owned building let to school short term. Potentially available to health care in 2017.	Establish requirement from combination of primary care and community services.
Medium Term	Cambridge Road	Area of relative deprivation where additional primary care and community services may be required	Make community services more readily available to local population. Work with Public Health and RBK to define exact requirement. Consider additional services from Hawks Road Health Clinic

# 5. The current estate

- The estates data in this strategy has been provided by NHSE Property services, Kingston CCG would wish to further validate this data.
- This section sets out the current record of Kingston's NHS estate as sourced from NHSE's London Master Estates Database v5 draft, HSCIC and CHP and NHSPS records.
- It provides a 'baseline' from which the estate required for the future can be planned.
- Some analysis of GP premises has been carried out in order to identify where capacity and cost issues and opportunities may exist.

# 5i. Overview

Below data provided by NHS Property Services – to be completed & validated

	Number of properties	Net internal area (NIA = useable space)	Annual cost*
Freehold NHSPS	13	4,100 sqm	£300,000
Freehold other	18	98,000 sqm	£56,400,000**
LIFT	1	2,000 sqm	£1,400,000
Leasehold and not known	9	2,900 sqm	£1,500,000

Top Seven by Cost	NIA sqm	Cost pa	cost/sqm
Kingston Hospital	73,600	**	
Surbiton Health Centre	1,900	£1,413,000	£744
Kingston Health Centre	-	£390,000	-
The Groves Medical Centre	800	£347,000	£434
Canbury Medical Centre	581	£246,000	£423
Holmwood Corner Surgery	593	£241,000	£406
Claremont Medical Centre	476	£238,000	£500

Top Seven by Floor Area	NIA sqm	Cost pa	cost/sqm
Kingston Hospital	73,600	**	
Tolworth Hospital	19,900	-	-
Hawks Road Clinic	2,900	£52,000	£18
Surbiton Health Centre	1,900	£1,413,000	£744
Manor Drive Clinic	900	£91,000	£101
The Groves Medical Centre	800	£347,000	£434
Acre Road Health Clinic	700	£17,000	£24

\*Majority of YHC, South West London & St Georges Trust (SWL & StG MHT) properties yet to be added

\*\* Cost to be confirmed by NHSPS

# 5ii. Map all properties (v4 data)

Kingston Health Estate  
 HUDU | August 2015  
 Source: NHSE Master Database v4

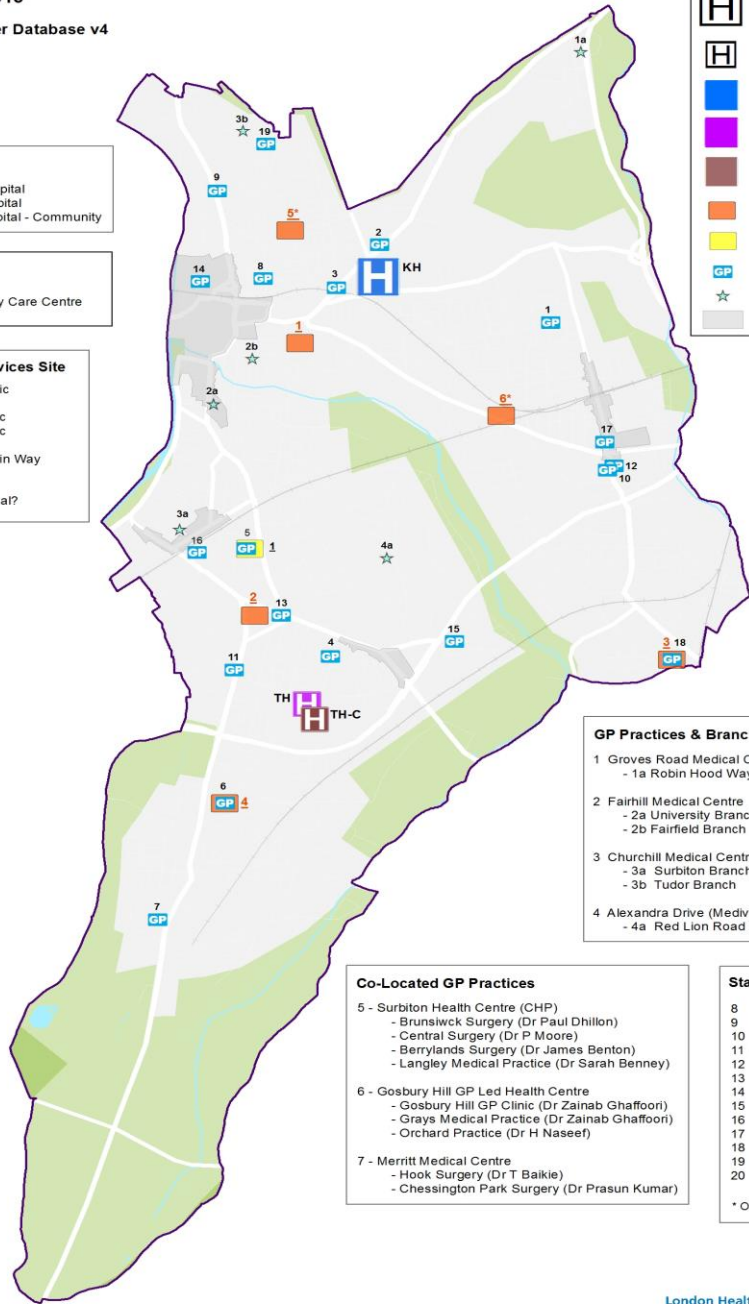
**Hospital Sites**  
 KH Kingston Hospital  
 TH Tolworth Hospital  
 TH-C Tolworth Hospital - Community

**CHP Site**  
 1 Surbiton Primary Care Centre

**NHS Property Services Site**  
 1 Hawks Road Clinic  
 Acre Road  
 Manor Drive Clinic  
 Gosbury Hill Clinic  
 10/15 17, 19 Chamberlain Way  
 Roselands Clinic  
 \* NHS PS Disposal?

**Legend**

- Large Hospital [>40,000sqm NIA]
- Small Hospital [<40,000sqm NIA]
- General Acute
- Mental Health
- Community Hospital
- NHS Property Services Site
- CHP (LIFT) Building
- GP Practice
- GP Practice (Branch)
- Town Centre



**GP Practices & Branches**

- 1 Groves Road Medical Centre  
 - 1a Robin Hood Way Branch
- 2 Fairhill Medical Centre  
 - 2a University Branch  
 - 2b Fairfield Branch
- 3 Churchill Medical Centre  
 - 3a Surbiton Branch  
 - 3b Tudor Branch
- 4 Alexandra Drive (Mediventure)  
 - 4a Red Lion Road Surgery

**Co-Located GP Practices**

- 5 - Surbiton Health Centre (CHP)  
 - Brunswick Surgery (Dr Paul Dhillon)  
 - Central Surgery (Dr P Moore)  
 - Berrylands Surgery (Dr James Benton)  
 - Langley Medical Practice (Dr Sarah Benney)
- 6 - Gosbury Hill GP Led Health Centre  
 - Gosbury Hill GP Clinic (Dr Zainab Ghaffoor)  
 - Grays Medical Practice (Dr Zainab Ghaffoor)  
 - Orchard Practice (Dr H Naseef)
- 7 - Merritt Medical Centre  
 - Hook Surgery (Dr T Baikie)  
 - Chessington Park Surgery (Dr Prasun Kumar)

**Stand-alone GP Practices**

- 8 Canbury Medical
- 9 St Albans Medical Centre
- 10 Holmwood Corner Surgery
- 11 Maypole Surgery
- 12 Roselawn Surgery
- 13 Kingsdowne Surgery
- 14 Kingston Health Centre
- 15 Sunray Surgery
- 16 Claremont Medical
- 17 The Village Surgery
- 18 Manor Drive Clinic
- 19 Tudor Drive Surgery
- 20 West Barnes Surgery\*

\* Outside CCG Boundary

# 5iii. General Practice data

Kingston CCG has commissioned services to ascertain the quality, condition and utilisation of GP premises. Initial findings indicate:

## Observations

- Practices with the highest costs overall tend to show relatively high costs per 1000 patients. They also appear to have correspondingly high utilisation (when measured as NIA per 1000 list). This suggests that the high quality spaces are being well used.

## Sites that are small or large for their given list size:

- There may be a requirement to invest in the premises that are small for their list size to provide additional space; or alternatively such sites may be considered as candidates for relocation or co-location with another practice or service
- Further investigation will identify potential to deliver additional services from sites large for their list size.

## Sites with high and low premises costs for their given list size:

- There is wide variability (from £5,400 to £53,000 per 1000 list) which should be investigated to understand the cause
- Modern sites which have a high cost per sqm need to accommodate larger list sizes to provide good value for money.

# 6. Opportunities

- Working with RBK to deliver integrated care
  - Kingston Coordinated Care community branches
  - Integrated services for children & young people
  - Integrated approaches to health improvement & prevention
- Working with Kingston Hospital FT on the Regents Wing building opportunity
  - Potential to create a new primary care / community branch with a list size of 30,000+
  - Incorporate out of hours, walk-in service, and minor injuries unit
  - Potential for a KCC Community Branch, community pharmacy & community health services
- Working with GP Chambers to deliver primary care transformation
  - Deliver primary care services at scale
  - Extended access – Walk in Centres, out of hospital services
  - Potential for an urgent care centre
- Working with RBK & Developers on a new health centre in Tolworth
  - Potential to increase primary care capacity & quality
  - Extend the range of services available
  - Provide care for a significant population growth



# 6i. Revenue opportunities

## Dispose of vacant space

- Manor Drive - NHSPS freehold, total 532 sqm
  - Majority of first floor is vacant (approx 250 sqm) after YHC released the space in 2014/5
  - Ground floor occupied by GP practice
  - CCG covers the cost of the vacant space
  - Close to boundary with Sutton and Surrey Downs CCG areas
  - Vacant area is on the market to let. Priority would be given to healthcare tenant.
- Roselands site
  - Vacant site, boarded up and fenced against intruders
  - Has been declared surplus to requirements by all interested parties
  - Ownership is with SWLStG Mental Health Trust - sale to proceed in 2016
- Kingston Hospital
  - Potentially high premises costs (to be validated) - potential for small percentage savings to make significant difference in cash terms.
  - Joint project with Kingston HFT to take place in 2016 - value unquantified at this stage.

Opportunities for savings and receipts	Estimated Running/ Void Cost savings (pa)	Estimated disposal proceeds	Target Financial Year of savings
Manor Drive vacant space to be let (NHSPS freehold)	£45,000		2017/18
Roselands disposal (SWLStG freehold)	£40,000		2017/18
Kingston Hospital - revenue cost savings	-		2017/18
<b>Totals</b>	<b>£85,000</b>		

# 7. Risks

There are a number of risks associated identified over the next few years. Those we are aware of are highlighted here and others may be added as the strategy develops.

	<b>Title</b>	<b>Summary</b>
<b>1</b>	Intermediate Care Beds, Cedar Unit, Tolworth Hospital site	Operational risk of failure to find an alternative site for the intermediate care beds
<b>2</b>	Level 3 Commissioning of Primary Care Medical Services	Kingston CCG will have responsibility for reimbursement of GP rent and property costs. NHSE is to adjust funding to cover this. Visibility of future rent increases at rent review will also be needed to allow the CCG to budget effectively.
<b>3</b>	NHSPS moving to market rents	<p>From April 2016 NHSPS will charge market rents to occupiers rather than the cost based recharge that has applied to date. Valuations are being carried out at present and these will be circulated when received. The impact on providers' property costs are therefore unknown as yet.</p> <p>Providers should be made aware of future rents and lease terms when bidding for contracts from the CCG. NHSPS will be able to supply this information with improved communication between CCGs and NHSPS.</p>

# 7i. Risks

	Title	Summary
4	Accuracy of property data	For a number of reasons, there is no single property database covering the estate that was once managed by Primary Care Trusts. Recovering to a comprehensive position will take time. The data used in this strategy document is not comprehensive or fully up to date. It is however a very useful 1 <sup>st</sup> draft baseline. The data will continue to be updated and validated. Updates to the information, tables, charts and maps within this strategy will be made at agreed intervals as the data improves.
5	Technology investment	Aspects of Kingston CCG's strategy may be effectively delivered by changes in ways of working and supporting investment in technology. How this will impact use of the estate is not yet known. Decisions about investment must take this into account. KCCG has made a commitment to have an IT strategy in place for April 2016.
6	PCTF and other funding opportunities	Funding decisions will be aligned with the strategy set out in this document, however not all priorities can be identified before surveys have been carried out to assess condition, suitability, compliance etc. and before full data on the estate has been collated.  When received, survey data will be an important determinant of KCCG's support of bids for such funding.

# 8. Immediate Actions

## Strategic goals - investment options

- Develop an Outline Business Case for the Regents Wing development at Kingston Hospital
- Develop an Outline Business Case for an Urgent Care Centre on the Kingston Hospital
- Initiate feasibility study of Tolworth regeneration health centre opportunity
- Confirm identity of Kingston Community Branch sites and identify any alterations required

## Operational

- Define long term requirement for intermediate hospital beds in advance of closure of Tolworth Hospital site for landlord investment programme

## Disposals

- Progress sale of Roselands site
- Progress letting of vacant space in Manor Drive

## General Practice

- Progress building surveys and integrate reports with utilisation study
- Support PCTF funding applications where needed and where aligned with primary care strategy

## Improving estate utilisation

- Initiate utilisation study at Surbiton Health Centre and other larger community services buildings including Hawks Road

## Other

- Test out the potential for a joint KCCG / RBK Estates Strategy

# 9. Work Plan

