

IN ASSOCIATION WITH FULCRUM



ESTATES MANAGEMENT

ROOM AND A VIEW

The expert opinion of a 'critical friend' is helping NHS Knowsley make the best use of its estate in a way that fits with its commissioning plans. By Daloni Carlisle

It's one thing to build a building, it's quite another to make the best possible use of it, squeezing out every ounce of utilisation while providing a good service to patients.

With QIPP so firmly on the agenda, NHS organisations are increasingly looking at how to get the best use out of the estate. Too often, though, it is an area with which they struggle, as some forthcoming work by the King's Fund on how the NHS uses LIFT (Local Improvement Finance Trust) buildings is expected to show.

Nigel Edwards, King's Fund senior fellow in leadership development and health policy, says: "The NHS does not have very good estates management strategies in general but there are a lot of good opportunities to use the property better and to go beyond this and start to think about estates planning.

"If clinical commissioning is going to work, you have to make primary care work much more closely with specialists and to have venues in which that can take place."

And this is where estates management moves into planning and taking a strategic view. "A strategic property-based view of the world with imaginative approaches is what we need, with incentives put in place that allows this kind of collaboration between primary and secondary care," says Mr Edwards. Expect some work on this early next year, he adds.

But in the meantime, back at the coalface, there are already people taking this kind of approach, looking at their primary care and community estate and asking: why do we use it this way and could we use it better?

NHS Knowsley is leading the way. In the last decade, it has replaced about 80 per cent of its typical 1960s-built sub-standard primary care and community estate with seven new LIFT buildings. An eighth is about to be delivered and the total investment amounts to some £45m.

Ian Davies, director of strategy and

programme co-ordination, says: "This was never just about buildings. It was always about providing the catalyst for transforming services."

It was built with long term commissioning intentions in mind and in particular the shift from hospital-based care to community-based care, he says.

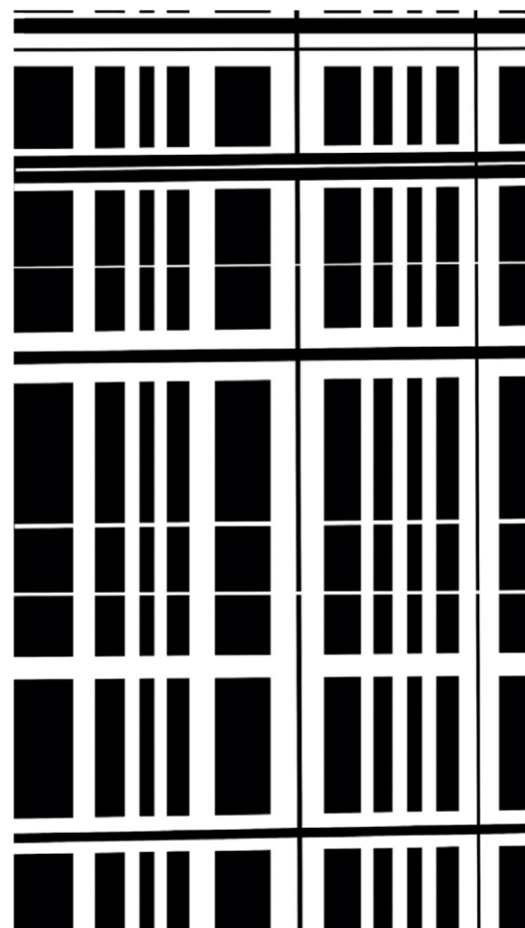
"For example, we wanted buildings flexible enough that we could move our cardiovascular service out into the community and provide a one stop shop with the consultant and specialist nurses on site together able to offer diagnosis and treatment," says Mr Davies.

Such an approach is, by its nature, fluid and earlier this year NHS Knowsley began a pilot with its LIFT partner, Fulcrum Group, to take a more in-depth critical look at whether the PCT was getting the best use out of its buildings – and the opportunities to do it better and improve services.

A team from Fulcrum, which included experts with backgrounds in estates and NHS management, came into one building to carry out a quantitative and qualitative review of how the building is used, how it could be better used, how the existing services in the building relate to each other and what the long term commissioning plans indicate might be needed long and short term.

"I would say they came in as a critical friend and asked lots of 'why' questions," says Mr Davies. "Why is that room being used in a particular way? Why are you restricting its use?"

The team from Fulcrum came up with some recommendations, which the PCT is now working through. For example, they were able to point out that the podiatry clinic runs on a Tuesday but the diabetic clinic is on a Wednesday and suggest that since many patients with diabetes also have foot problems, would it not make sense to run the two clinics together?



"Yes this is common sense," says Mr Davies. "But they put a lens against our current arrangements and looked at it with fresh eyes. They had been doing some similar work in London and so were able to share that experience and present us with solutions we would not necessarily have thought of."

"So yes, it was building on work we were already doing but it gave us the impetus and a level of concentration we would not otherwise have had."

Some significant changes have been made as a result. Diabetes, podiatry and dietetics clinics where possible can now be provided on the same day in the same place with scheduling arrangements allowing patients a one-stop shop.

"Patients love it," says Mr Davies. Fulcrum were able to point out other instances where two clinics used a suite of three adjoining rooms – but only needed two. This has allowed the PCT to place complementary clinics in the third room, making better use of the suite and freeing up another space.

In another example, it was identified that two existing community dental clinics were poorly utilised but that commissioning plans



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wanted to see more NHS dental services provided in an area of high need.

The community dental services have now been rationalised onto a smaller number of sites, making better use of staff without disadvantaging the community in terms of travel as the sites utilised provide good geographical access for the community. The space freed up has been leased to create two new much needed NHS dentists.

“And because the space was already equipped to a very high standard, it was easy and quick to do, taking weeks rather than 12 months as you might expect if you started from scratch,” adds Mr Davies. “These are real win-win solutions.”

It is an approach that the LIFT Council, the representative body for LIFT partners, hopes others will adopt.

Executive director David Pokora says: “We all know that the health service is facing multifaceted challenges and in community and primary care, there is a need to adopt new ways of working. The problem is that when you need to change services quickly, buildings change much more slowly.

“That means there is a need for looking critically at the existing buildings and

asking what needs to be done to adapt it so that clinicians can provide better services for patients and populations?”

He argues that the private sector has skills to offer. “We can help deliver your financial and clinical goals and support you by developing the tools and techniques you need.”

Which is just what Fulcrum has done. As a partner in four LIFT schemes in the NHS it has extensive experience of the challenges that PCTs face now – and CCGs and NHS Propeco will face in future as it takes charge of all PCT estate from April 2013.

As Adrian Wallace, Fulcrum’s head of strategic asset management, explains: “We think there is room for a more positive, partnership approach to some of the challenges that commissioners face so we have developed the QIPP Opportunities Review.”

This is the methodology developed in part in Knowsley. It has been piloted in one other area in London and was developed with input from senior NHS managers both at practitioner and advisory level.

“It’s about identifying where the gaps are and where there is spare potential to do things more efficiently,” says Mr Wallace.

It starts with a review of baseline data that is already available – such as room utilisation, opening hours, patient numbers and so on. This flags up any vacant rooms or times the building is not open but could be.

Then the team moves on to a gap analysis, looking at commissioning plans and strategic objectives. So, for example, there might be a QIPP objective to reduce falls. The Fulcrum team might identify spare capacity in a well-equipped physiotherapy department that might be used to fulfil this objective.

Finally, the team develop some recommendations for the PCT to consider. In the pilot schemes this has included financial data. “The thing that really grabs the attention is when we point out the cost of empty space,” says Mr Wallace. “This is hard factual information that people often do not know.”

Fulcrum is now offering the QIPP Opportunities Review as a consultancy product.

Back at NHS Knowsley, Mr Davies is clear that working with Fulcrum was the right thing to do. He says: “We have piloted the approach in one of our buildings and we are now taking that learning into the remaining six. We have honed our ability to make better use of our estate and how to feed this into our commissioning plans.”

But, he adds: “This has to be a continuous process and we plan to keep reviewing in detail every six months with a snapshot of use every three months. We have to go further if we are going to see the cost improvements we need.” ●

