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### 2001 Census Data Report for Travel Time

#### LORDSWOOD HEALTH CENTRE SURGERY S Site name: Status Include Total population within travel time 66249 Travel method Drive Travel time (minutes) 10 25785 Total number of households within travel time Health (LLT) = Limiting Long Term (liness) **Population Count** 0 - 17 16373 People not in good health 4197 8362 People with a LLTI 42621 18 - 64 596 0 - 17 with LLTI 4306 65 - 74 4573 18 - 64 with LLTI 75 - 84 2379 1440 2949 64 - 74 with LLTI > 75 1753 >75 with LLTI 570 > 84 Employment **Ethnicity Count** 22611 Economically active: full time White 63329 Economically active: part time 6370 Mixed 663 4262 Self employed Asian 1415 1255 Economically inactive: unemployed Black 451 1485 Economically active: sick/disabled 414 Chinese Deprivation Households in social grade D & E 6962

Population last worked before 2000

Households with no car or van

Deprived households

Site name:

# 2001 Census Data Report for Travel Time

# RAINHAM HEALTHY LIVING CENTRE

Status	Include		
Travel method	Drive	Total population within travel time	83905
Travel time (minutes)	10	Total number of households within travel time	33685
Population Count		Health (LLTi = Limiting Long Term Illness	.)
0 - 17	19936	People not in good health	6077
18 - 64	52215	People with a LLTI	12442
65 - 74	6453	0 - 17 with LLTI	840
75 - 84	3927	18 - 64 with LLTI	6360
> 75	5301	64 - 74 with LLTI	2288
> 84	1374	>75 with LLTI	2954
Ethnicity Count		Employment	
White	80159	Economically active: full time	26829
Mixed	896	Economically active: part time	8041
Asian	1930	Self employed	5091
Black	501	Economically inactive: unemployed	1653
Chinese	440	Economically active: sick/disabled	2177

### Deprivation

Households in social grade D & E	10318
Population last worked before 2000	13260
Households with no car or van	6324
Deprived households	2491

# 2001 Census Data Report for Travel Time

Site name:	BALMORAL RD SUR	GERY	
Status	Include		
Travel method	Drive	Total population within travel time	116433
Travel time (minutes)	10	Total number of households within travel time	49239
Population Count		Health (LLTI = Limiting Long Term Illness	)
0 - 17	30428	People not in good health	9534
18 - 64	71396	People with a LLTI	18447
65 - 74	7681	0 - 17 with LLTI	1506
75 - 84	5166	18 - 64 with LLTI	9956
> 75	6928	64 - 74 with LLTI	3018
> 84	1762	>75 with LLTI	3968
Ethnicity Count		Employment	
White	108484	Economically active: full time	35858
Mixed	1469	Economically active: part time	9941
Asian	4643	Self employed	5775
Black	973	Economically inactive: unemployed	3473
Chinese	870	Economically active: sick/disabled	3833
		Deprivation	
		Uausahalda in assial mada D. 8. E	17571

Households in social grade D & E	17571
Population last worked before 2000	18457
Households with no car or van	13977
Deprived households	5355



1373

2001 Census Data Report for Travel Time		HEALTH CENTRE SURGERY A	
Site name:			
Status	Include		
Travel method	Drive	Total population within travel time	62499
Travel time (minutes)	10	Total number of households within travel time	24665
Population Count		Health (LLTI = Limiting Long Term Illnes	s)
0 - 17	14737	People not in good health	3983
18 - 64	39517	People with a LLTI	8569
65 - 74	4637	0 - 17 with LLTI	580
75 - 84	2735	18 - 64 with LLTI	4328
> 75	3608 64 - 74 with LLTI	1602	
> 84	873	>75 with LLTI	2059
Ethnicity Count		Employment	
White	59943	Economically active: full time	20836
Mixed	611	Economically active: part time	6115
Asian	1261	Self employed	3984
Black	288	Economically inactive: unemployed	1041
Chinese	337	Economically active: sick/disabled	1312
		Deprivation	
		Households in social grade D & E	6718
		Population last worked before 2000	9407
		Households with no car or van	3608

Deprived households



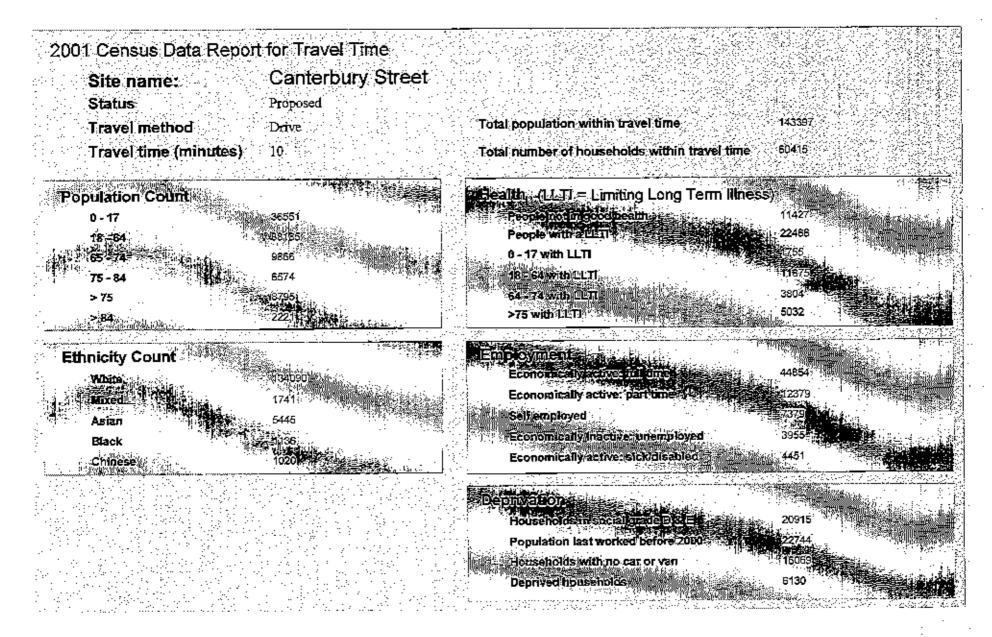
Site name:	ROCHESTER HEALTH CENTRE SURGERY T			
Status	Include			
Travel method	Drive	Total population within travel time	150128	
Travel time (minutes)	10	Total number of households within travel time	63195	
Population Count		Health (LLTI = Limiting Long Term Illness	5)	
0 - 17	38258	People not in good health	11873	
18 - 64	92853	People with a LLTI	23137	
65 - 74	10290	0 - 17 with LLTI	1781	
75 - 84	6679	18 - 64 with LLTI	12373	
> 75	8727	64 - 74 with LLTI	3892	
> 84	2048	>75 with LLTI	5090	
Ethnicity Count		Employment		
White	140199	Economically active: full time	47323	
Mixed	1729	Economically active: part time	12704	
Asian	5718	Self employed	7663	
Black	1290	Economically inactive: unemployed	4278	
Chinese	1173	Economically active: sick/disabled	4727	
		Deprivation		
		Households in social grade D & E	22074	
		Population last worked before 2000	23950	
		Households with no car or van	16559	
		Deprived households	6476	



Site name:	Rochester Riverside	· 그는 다음 정말 같은 것은 것은 정말 가지 않는 것을 가지 않는 것을 가지 않는 것을 하는 것을 가지 않는 것을 것을 수 있다. 같은 것을 것을 것을 것을 것을 수 있는 것을 것을 것을 것을 것을 것을 것을 수 있다. 같은 것을
Status	Proposed	요즘은 이것 것 같아요. 방법에 있는 것 같은 것이 있는 것 같은 것 같은 것 같은 것 같이 있는 것이다. 것은 것은 것 같은 것이다. 같은 것 같은 것 같은 것은 것은 것은 것은 것은 것은 것 같은 것 같
Travel method	Drive	Total population within travel time 124514
Travel time (minutes)	10	Total number of households within travel time 59075
	n fan de skriver in de skriver en de skriver. Ne skriver skriver i skriver in de skriver i skrive	
opulation Count		Health (LLTI = Limiting Long Term Illness)
0 - 17	31045	People not in good health
18 - 64	77221	People with a LLTI 19244
65 - 74	8540	0 - 17 with LLT1 1452
75 - 84	5724	18 - 64 with LLTI
> 75 (a)	7608	64 - 74 with LLTI
> 84	1884	4288
thnicity Count	SECTION OF THE	Employment
White State	115769	Economically active full line
Mixed	1451	Economically ective: part time
Asian	5177	Self employed 6438
Black	1109	Economically inactive: unemployed 3585
Chinese	1083	Economically active: sick/disabled
		Deprivation
		Households in social grade D & E 18378
		Population last worked before 2000 20043
	김 일본했다. 19월 문문:	Households with no car or van
		Deprived households 5479

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Site name: Status Travel method Travel time (minu	Wainscott Proposed Drive .ntes) 10		Total population within travel time. Total number of households within travel tim	69817 (29590	
Population Count	an a		Health (LLTI = Limiling Long Term IIIr	: .	
0 - 17	16988		People not in good 'health'	5281	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
18 - 64	<b>*43752</b>		People with a LLT	10680	
65 - 74	5005		G-17 with LLT	711 2010	
<b>75 - 64</b>	3093		18 - 54 with 山口	5827	
>75	4072		54 - 74 with 山石	4782	
> <b>84</b>	979	المتحققة المتحققة	>75 with 山口	2360	·
Ethnicity Count					<u></u>
Ethnicity Count	A Price Martine		Economically active full time	22577	n an
White	<b>66030</b>		Economically active part time	572B	
Mixed	6 <b>57</b>		Self employed	3821	
Asian	2042 		Economically inactive: unemployed	1892	
Black	481) 		Economically active: sick/disabled	2119	an a
Chinese		<u> </u>			
			Deprivation		
nak ayo yanin soleho yani kalendari Tarihi yani kalendari yani yani kalendari			Deprivation Households in social grade D & E	10155°	· · ·
			Population last worked before 2000	11474	5.5
			Households with no car or van	70874	
			Deprived households	2737	

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lation within travel time 153337 ber of households within travel time 64389 LLTI = Limiting Long Term Illness) notingcod health 12299 with 21271 23975 with 21271 1891
LLTI = Limiting Long Term Illness) enotingcod health 12299 with altTi 23975
with a LLTI 23973
ewith a 11 23975
WITH 1891
with 12720
4062
<b>Β</b> . 5300 <b>*</b>
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mically,active:full/time 47893
mically.active
nployed 7766
mically inactive: unemployed 4360
mically active: sick/disabled 4793



Site name: Status	Luton	
Travel method Travel time (minutes)	Drive 10	Total population within travel time Total number of households within travel time 56497
Population Count		Health (LLTI = Limiting Long Term Iness)
0-17	34751	People not in good health 10765
1B - 64	82574	People with a LLTI
65-74	9058	0 - 17 with LLTI
	6072	18 - 64 with LLTI
≥75	7 <b>99</b> 6	64 - 74 with LLTI 3526
_> <b>84</b>	1924	>75 with LLTI
Ethnicity Count		Employment
Winte	125705	Economically active: full time 41853
Mixed	1663	Economically active: part time 11663
<b>jAsian</b>	5 <b>D50</b>	Self employed
Black	1106	Economically inactive: unemployed
Chinese	971	Economically active: sick/disabled
		Deprivation
		Households in social grade D & E 19927-
		Population last worked before 2000 21243
		Households with no car or van
		Deprived households 5877

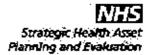
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Site name: Status	Include	DICAL CENTRE SURGERY A
Travel method	- Drive	Total population within travel time
Travel time (minut	<b>es)</b> 10	Total number of households within travel time 52509
opulation Count		Health (LLT) = Limiting Long Termiliness
0 - 17	30809	People not in good health
18-64	77652	People with a LLTI
65 - 74	8835	0 - 17 with 山口
75 - 84	5574	18 - 64 with LLTI
> 75	7297	64 - 74 with LLTI
> 84	1723	>75 with LLTI
Ethnicity Count		Employment
White	116151	Economically active: full time
Mixed	1400	Economically active: part time
Aslan	4897	Self employed
Black	1011	Economically inactive: unemployed 34472
Chînese	1D32*	Economically active: sick/disabled 37240 3
· · · · · · · · · · · · · · · · · · ·		
		Deprivation
		Households in social grade D & E 17912.
		Population last worked before 2000 20177
		Households with no car or van 13180

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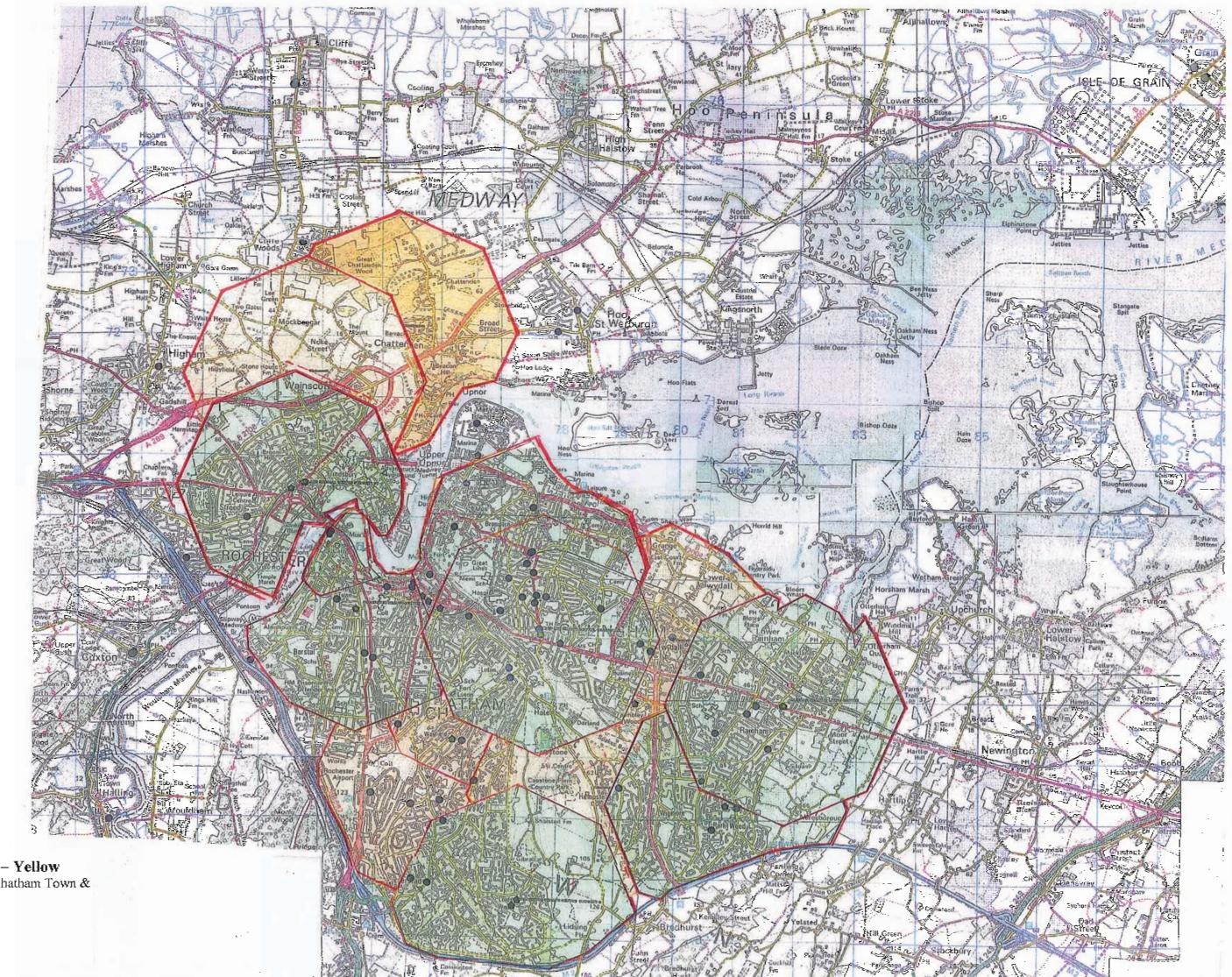
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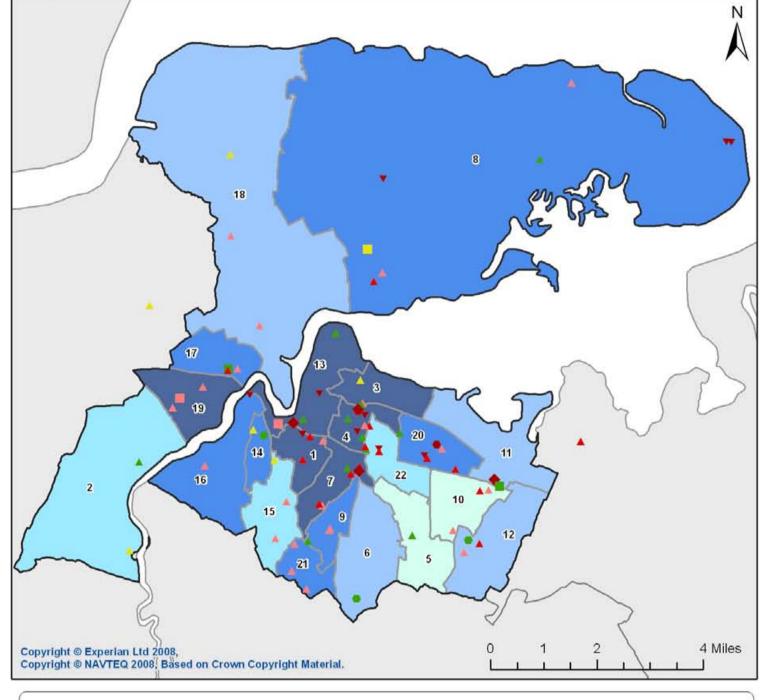
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Site name:	twydall		
Status	Proposed		
Travel method	Drive	Total population within travel time	
Travel time (minutes)	10	Total number of households within travel time 49677	
Population Count		Health (LETI≍EmungEongNerm Ilness)	
0 - 17	30696	People not in good beelth 9271	
18 - 64	·/····································	People with a LLTI 18540	
65 - 74	8399	0 • 17 with LLTI	
75 - 84	<b>6170</b>	18 - 64 with LLTI 9844	
> 75	<b>6881</b>	64 - 74 with LLTI 3137	
>84	1733	>75 with LLTI	
Ethnicity Count		Employment	
White	113543	Economically active: full fine	
bibled	1438	Economically active: part time	
Asian	3698	Self empkyed	
Black	886	Economically inactive: unemployed	
Chinese	747	Economically active: sick/disabled 36618	
Consider the second sec			
		Deprivation	
		Households in social grade D & E 16757	
		Population last worked before 2000 18969	
이는 것 이 것은 가슴을 가지 않는 것 같아?		Households with no car or van 12189	



**Proposed Buildings – Yellow** (underneath-Balmoral, Chatham Town & Rochester Riverside

# A Map to show the condition of Community & Practice Premises in Medway with December 2009 **Deprivation scores for Electoral Wards**



# Key to Premises Condition:

- Practice, 1 Suitable
- Practice, 2 Minor Improvement
- Practice, 3 Substantial Updating
- Practice, 4 Major Renovation

## Key to Electoral Wards:

- 1. Chatham Central
- 2. Cuxton & Halling
- 3. Gillingham North
- 4. Gillingham South
- 5. Hempstead & Wigmore 13. River
- 6. Lordswood & Capstone 14. Rochester East
- 7. Luton and Wayfield
- 8. Peninsula
- 9. Princes Park 10. Rainham Central
- 11. Rainham North
- 12. Rainham South

- 15. Rochester South & 22. Watling
  - Horsted
- 16. Rochester West 17. Strood North

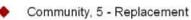
Practice, 5 - Replacement

Community, 2 - Minor Imrpovement

Community, 3 - Substantial Updating

Community, 1 - Suitable

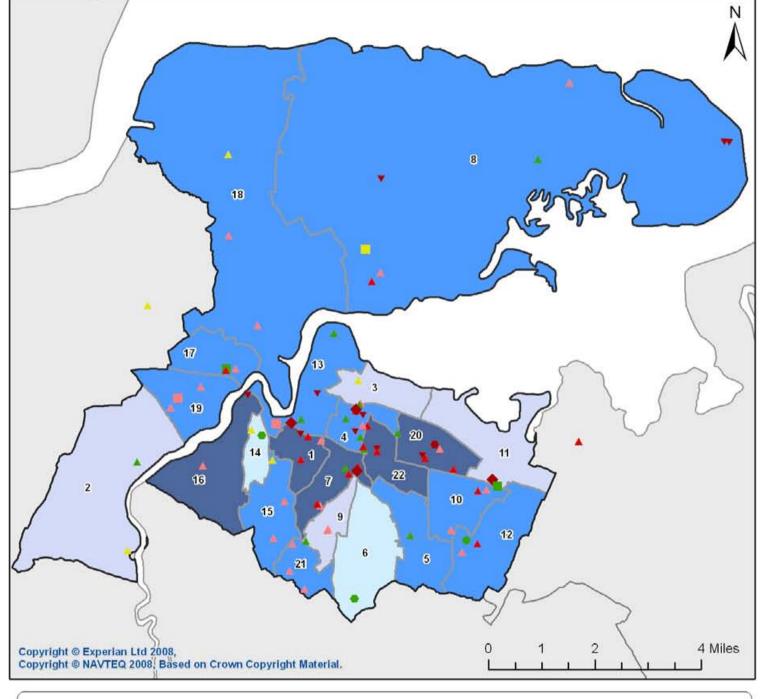
- 18. Strood Rural
- 19. Strood South
- 20. Twydall
  - 21. Walderslade



- Combined Site, 1 Suitable
- Combined Site, 5 Replacement
- Key to Electoral Ward Deprivation Quintile: (Based on rank within Kent & Medway)



# A Map to show the condition of Community & Practice Premises in Medway with December 2009 average need in Electoral Wards



# Key to Premises Condition:

- Practice, 1 Suitable
- Practice, 2 Minor Improvement
- Practice, 3 Substantial Updating
- Practice, 4 Major Renovation
- Key to Electoral Wards:
- 1. Chatham Central
- 2. Cuxton & Halling
- 3. Gillingham North
- 4. Gillingham South
- 5. Hempstead & Wigmore 13. River
- 6. Lordswood & Capstone 14. Rochester East
- 7. Luton and Wayfield
- 8. Peninsula
- 9. Princes Park 10. Rainham Central
- 11. Rainham North
  - 12. Rainham South

  - - Horsted
- 16. Rochester West 17. Strood North

Practice, 5 - Replacement

Community, 2 - Minor Imrpovement

Community, 1 - Suitable

- 18. Strood Rural
- 19. Strood South 20. Twydall

- 21. Walderslade

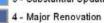


Community, 5 - Replacement

Combined Site, 5 - Replacement

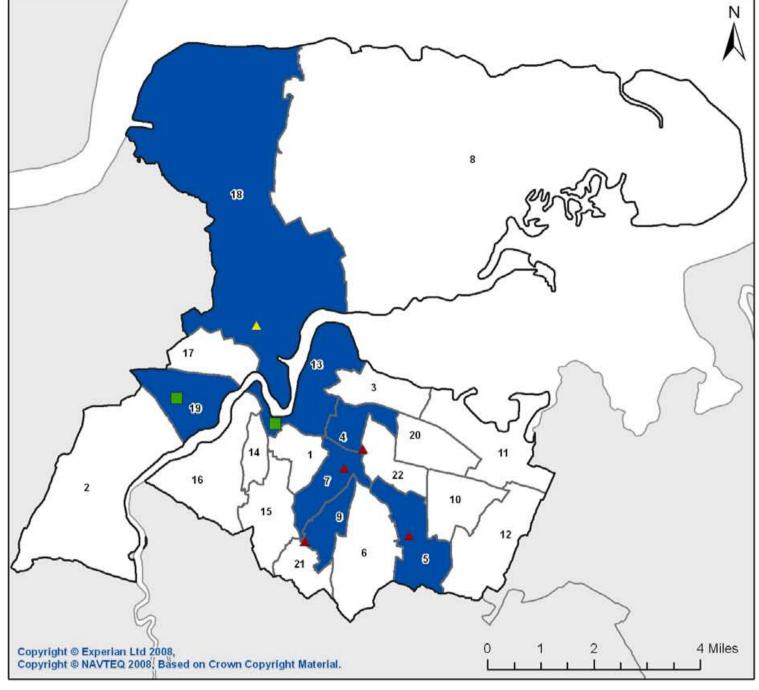
Combined Site, 1 - Suitable

#### Key to Electoral Ward average score: (calculated using average of premises scores within ward) 1 - Suitable 2 - Minor Improvement 3 - Substantial Updating



- - 15. Rochester South & 22. Watling

# A Map to show requirements to update Premises in Medway based on reasons other December 2009 than their current condition alone



#### Key to Premises that require updating for 'other reasons': Community - Surplus Practice - Developer's Contributions Practice - Temporary Facilities with Time Limited Planning Key to Electoral Wards: 1. Chatham Central 16. Rochester West 9. Princes Park 10. Rainham Central 17. Strood North

- 2. Cuxton & Halling
- 3. Gillingham North
- 4. Gillingham South
- 5. Hempstead & Wigmore 13. River
- 6. Lordswood & Capstone 14. Rochester East
- 7. Luton and Wayfield
- 8. Peninsula
- 12. Rainham South

11. Rainham North

- 15. Rochester South & 22. Watling
  - Horsted
- 18. Strood Rural
- 19. Strood South
- 20. Twydall
- 21. Walderslade

#### Key to Electoral Ward Indicator:

- Contains Premises requiring attention for 'other reasons'
- Doesn't contain Premises requiring attention

### Medway LIFT

#### Process for inclusion of Independent Contractor Services and Alternative Health Services within LIFT Developments

#### Background

The Medway Strategic Service Development Plan sets out the vision around future LIFT sites with the key principles being around:

- increased access to services
- increased range of service provision
- increased integrated care
- opportunity to improve standards of care and service delivery
- ability to address workforce issues i.e. recruitment and retention of staff
- access to educational activities and development

Whilst the service model developed in conjunction with clinicians and partnering organisations concentrates around PCT and GP primary and community health care, it is acknowledged that there is potential to involve other independent contractor services, e.g. pharmaceutical, optical or dental services or other allied health practices e.g. chiropodists, alternative therapists etc.

The purpose of this paper is to set out the key issues around the inclusion of these services within LIFT developments and a process by which these proposals should be considered.

#### Key Issues

From a PCT perspective the key issue is around potential benefit/advantages to patients and opportunity for service development/new ways of working. However, the PCT is mindful that the Local Representative Committees will also wish to consider impact on other local contractors.

From LIFTCo's perspective there is a key incentive to consider opportunities for third party revenue, and all parties would accept in principle that this is a useful mechanism that can reduce the cost to the health participants. Clearly opportunities for third party revenue need to be appropriate for the development, and need to be agreed in sufficient time to enable the detailed design/financial implications to be addressed.

It is clear that there is potential for clear differences to emerge and that a transparent process, with clear defined criteria needs to be in place to reduce any tensions.

#### Key Principals of Process

- 1. Potential inclusions should initially be flagged up when developing/reviewing the SSDP on an annual basis. However, it is acknowledged that opportunities may become apparent outside of this and the agreed proposal needs to be sufficiently flexible to accommodate this.
- 2. The PCT is particularly mindful of the need to ensure compliance with current Pharmaceutical Regulations and particularly around the potential for minor

relocations/new inclusions. It considers that an equitable process is to ensure all accredited clinical governance pharmaceutical contractors within a defined area are afforded the opportunity of considering participating in a LIFT development.

- 3. A sub-group of the Strategic Partnering Board (SPB) be set up to consider potential applications and make recommendations to the SPB.
  - a) This group should consist of:
    - PCT LIFT Project Director or Manager
    - Ryhurst LIFT Ltd Project Director or Representative
    - Lay member (e.g. PPIP)
    - Representiative from Professional Body or Local Representative Committee
  - b) The Sub-group will consider all potential inclusions against the following criteria:
    - Impact on patient services/access
    - Impact on local service provision (including continuity of services locally)
    - Impact on financial affordability
    - 'Fit' with development
  - c) If the group reach a unanimous decision, the decision should be notified to the SPB for information purposes only. If the group are unable to reach a unanimous decision the details should be made available to the SPB to reach a conclusion.

Jill Norton Lift Project Director October 2004

Sites	Type-Leased/Owned/	Other Retain Y/N	Move to New Development	Close
PCT Sites				
7-8 Ambley Green	Leased	Y	n/a	n/a
5 Ambley Green	Leased	Y	n/a	n/a
Lordswood CHLC, Sultan Rd, Lordswood	Leased	Y	n/a	n/a
Rainham HLC, 103-107 High Street, Rainham	Leased	Y	n/a	n/a
Rochester CHLC, Delce Road, Rochester	Leased	Y	n/a	n/a
Twydall HC, Twydall Green, Gillingham	Leased	N	Twydall	Y
MedOCC, Quayside House, Chatham Maritime	Leased	Y	n/a	n/a
Sunlight Centre, 102 Richmond Road, Gillingham	Leased	Y	n/a	n/a
Front Block MMH, Windmill Road, Gillingham	Leased	N	Various	Y
Hydropool within FB, Windmill Road, Gillingham	Leased	N	n/a	n/a
SDT MMH, Windmill Road, Gillingham	Leased	Y	n/a	n/a
Balmoral Gardens Clinic, Balmoral Gardens, Gillingham	Owned	N	Balmoral CHLC	Y
Darland House, 29 Darland Av, Gillingham	Owned	Y	n/a	n/a
Elm House, 15 New Road Av, Chatham	Owned	Ν	Chatham	Y
Hawthorne Rd, Podiatry, Hawthorn Rd, Rochester	Owned	Ν	TBD	Y
Keystone HC, Gun Lane, Strood, Rochester	Owned	Y	n/a	n/a
Kings Rd Clinic, Kings Road, Chatham	Owned	N	Luton CHLC	Y
Parkwood HC, Long Catlis Rd, Parkwood	Owned	Y	n/a	n/a
Rainham HC, Holding Street, Rainham	Owned	N	n/a	Y
St Barts, New Road, Rochester	Owned	Y	Chatham & Various	Y
Walter Brice Centre, Tilley Close, Hoo Rochester	Owned	Y	n/a	n/a
Wisdom Hospice, St Williams Way, Rochester	Owned	N	n/a	n/a
Nelson Rd Surgery, 105 Nelson Road, Gillingham	Owned	N	Canterbury Street	Y
Eastcourt Lane Surgery, 52 Eastcourt Lane, Gillingham	Owned	N	Twydall	Y
Balmoral Rd Surgery, 12 Balmoral Rd, Gillingham	Owned	N	Balmoral Gardens	Y
Temporary Car Park, Delce Rd, Rocheter	Owned	?	Sell possibly	?
Canterbury Street, 547-553 Canterbury Street	Owned	Y	n/a	n/a
44 The Broadway, Twydall, Gillingham	Owned	N	Twydall	Y
GP Premises		N/		
19 Railway St, Gillingham	GP leased	Y	n/a	N
St Werburgh Medical Practice, 1st Fl, Kingsley House, Gillingham	Leased	N	Balmoral Gardens	С

Walderslade Surgery, Land at Greenacres School	Leased	Ν	Wayfield CHLC	Y
91 Cleave Road, Gillingham	GP leased	Ν	Canterbury St	Y
151 Napier Road, Gillingham	GP owned	Y	n/a	n/a
St Barnabas House, Duncan Road	GP leased	Ν	Balmoral Gardens	Y
The Medical Centre, 4a Waltham Rd, Gillingham	GP owned	Ν	Twydall	Y
The Glebe Family Practice, Vicarage Rd, Gillingham	GP leased	Y	n/a	n/a
7 Railway Street, Gillingham	GP leased	Ν	?	Y
Woodlands Family Practice, Woodlands Rd, Gillingham	GP leased	Y	n/a	n/a
218 Canterbury Street, Gillingham	GP leased	Ν	Canterbury St	Y
28a Garden Street, Brompton, Gillingham	GP leased	Ν	?	Y
90-92 Malvern Rd, Gillingham	GP leased	Y	n/a	Ν
13 Pump Lane, Rainham	GP owned	Y	n/a	Ν
1 Wyvill Close, Rainham	GP owned	Y	n/a	Ν
2 Thames Avenue, Rainham	GP owned	Y	n/a	Ν
114 Woodside, Wigmore	GP owned	Y	n/a	Ν
144 Hempstead Rd, Hempstead	GP owned	Ν	Hempstead	Y
53b Maidstone Road, Rainham	GP owned	Y	n/a	Ν
56 Oak Lane, Upchurch	GP owned	Y	n/a	Ν
The Matrix Medical Practice, 146a Hempstead Rd, Hempstead	PCT leased	Ν	Hempstead	Y
Malling Health, Sterling House, Second Avenue, Luton	PCT leased	Ν	Luton CHLC	Y
The Halfway Surgery, 63 New Road, Chatham	GP Owned	Ν	Chatham CHLC	Y
Princes Park Medical Centre, Dove Close, Walderslade	GP Owned	Y	n/a	Ν
The Medical Centre, 29 Bryant Street, Chatham	GP Owned	Y	n/a	Ν
College Health, 30-34 Pentagon Centre, Chatham	PCT leased	Y	n/a	Ν
Walderslade Medical Centre, Princes Av, Chatham	GP Owned	Y	n/a	Ν
The King's Family Practice, 30-34 Magpie Hall Rd, Chatham	GP Owned	Y	n/a	Ν
16 Tunbury Avenue, Walderslade	GP Owned	Y	n/a	Ν
Luton Medical Centre, 10a Beacon Hill, Chatham	GP Owned	Ν	Luton CHLC	Y
New Rd Surgery, 24 New Rd, Chatham	GP Owned	Ν	Chatham CHLC	Y
100 Palmerston Rd, Chatham	GP Owned	Ν	?	Y
52a King George Rd, Walderslade	GP Owned	Y	n/a	Ν
St Mary's Island Surgery, Edgeway, Chatham	GP Owned	Y	n/a	Ν
Stonecross Surgery, 25 Street End Rd, Chatham	GP Owned	Y	n/a	Ν
183B Wayfield Rd, Chatham	GP Owned	Ν	Wayfield CHLC	Ν
262 Maidstone Rd, Chatham	GP Owned	Y	n/a	Ν
The Surgery, West Drive, Davis Estate, Chatham	GP Owned	Y	n/a	Ν

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	492 Maidstone Road	MCH			

20 Patterns Lane	МСН
146 Robin Hood Lane	MCH
356 Station Road	MCH
151 Tunbury Avenue	MCH
340 Wilson Avenue	MCH
1 Regency Court	MCH
6 Tavistock Close	MCH
USED BY BABY CLINICS BY HVs OR STAFF BASE (need to confirm	actual usage)
Allhallows Village Hall	Rented
Bluebell Village Hall	Rented
Borstal Village Hall	Rented
Chattenden Community Centre	Rented
The Church of Christ the king	Rented
Court View Surgery	Rented
Cuxton Social Club	Rented
The Parks Medical Practice	Rented
Gillingham Baptist Church	Rented
Hempstead Village Hall	Rented
High Halstow Recreation Hall	Rented
Hook Meadow Community Centre (Large Room)	Rented
Hoo Leisure Centre	Rented
Hoo Village Hall	Rented
St James Village Hall (Chapel Rd)	Rented
Lower Stoke Village Hall	Rented
St Mary's Community Centre	Rented
Newington Methodist Church Hall	Rented

#### Appendix 9 Proposed Developments Analysis

#### Canterbury Street, Gillingham

An architectural competition was undertaken in the summer of 2009 to identify an architect to design a scheme which met stated service requirements. Following this a revised service brief was produced which limited site development to a maximum of 2500 square metres as a consequence of site constraints.

This site will accommodate:

- GP practice accommodation for 3 practices:
  - the GP led health centre currently accommodated in a temporary modular building on the site
  - The practice at 218 Canterbury Street whose existing accommodation is unsuitable
  - The practice at 105 Nelson Road. This is a PCT owned facility and relocation will enable the closure of this facility.
- There could also be potential to relocate 2 further practices located in the nearby vicinity.
- The population registered with these GP practices is in the region of between 7,000 12,000 residents.
- Accommodation for new community mental health services who are currently without facilities
- Potential for out of hospital services e.g. phlebotomy, breast screening

The progression of this development is essential to enable:

- Permanent and appropriate accommodation for primary care services which impacts on local access
- Accommodation for new services currently unable to be provided as there is no suitable facility
- Closure of existing facilities

Further work can not be undertaken until the PCT confirms an affordability level to LIFTCo. It is recommended that this scheme proceed and that the affordability cap be confirmed at the earliest opportunity.

#### Chatham Town Centre

Board approval was given to the purchase of a site in Chatham Town Centre to develop a purpose built facility. The site is extensive and is deemed to be capable of accommodating around 4000 square metres. There is an expectation that third party income and developer's contributions from the extensive housing regeneration planned for Chatham will offset some of the cost around this facility.

Exchange of contracts has taken place and completion is set for February 2010. A detailed service brief needs to be developed but the following services were expected to be accommodated:

- New GP practice currently housed in Boots, Pentagon Centre
- Relocation of 2 GP practices based in New Road Chatham
- Relocation of services currently provided from Elm House clinic enabling closure of this facility
- Relocation of non community beds services currently based at Barts Hospital
- Potential for new Public Health services to be provided in Chatham
- Potential relocation of community beds based at Barts Hospital. (If this site were not suitable the beds could be relocated elsewhere)
- Other facilities providing third party income to offset the cost of the facility

In developing a facility in this area the following factors also need to be taken into account:

- Boots in Chatham is very interested in expanding healthcare facilities following the opening of the new GP surgery within its site. It would prefer the practice currently located in its premises remain and that the practices based in New Road relocate there
- It is likely that a request to support a development at Bryant Street, Chatham may be forthcoming. This facility did house 3 separate GP practices but recently one of them moved out as the facility requires significant attention and modernisation. The owner has been reluctant to commit resources to enable this despite financial support from the PCT. This facility does serve a discreet community.

It is clear that a facility is required in Chatham accommodating more than just primary care services and that there are a number of potential solutions. A detailed options appraisal will be undertaken with relevant partners and stakeholders to determine which practices and services should be relocated where. This analysis will consider a number of factors including local access, benefit of co-located services, deliverability, affordability, value for money and patient and stakeholder views.

The existing population covered by these GP practices is in the region of 13,000 residents.

Chatham Central Ward has been adopted as the pilot locality for the Triple Aim Project. This is an international programme aimed to improve health outcomes by designing and assessing services around three outcome areas: per-capita cost, people's experience and population health It uses place as a unifying unit of analysis and action ie by putting the person in place at the centre of service design and assessment of benefit. Commissioners for conditions and population groups, with external public sector and community partners, will be supported to evaluate performance and redesign services based on intelligence about the experience of people in place.

The basic steps in the process are:

- 1. profile a place to provide an in-depth understanding of the health outcomes, costs and resident experiences (the 'triple aim' measures)
- 2. bring commissioners, providers and residents together to analyse opportunities for improvements in health, cost and experience
- 3. initiate redesign and alignment with partners to improve outcomes

We will need to work closely with this pilot wnem considering the options for Chatham.

#### **Barts Hospital Reprovision**

The Intermediate Care Strategy had proposed to relocate beds from Barts into a new facility at Woodlands and establish a primary and community facility on the vacant site enabling the majority of the site to be released for an alternative development. Following the decision not to proceed with the Woodlands development this now requires review.

The facilities at Barts have received significant investment but despite this they require ongoing investment. The site is in a key strategic location and once the housing market recovers would be a prime location for high quality accommodation.

An options analysis will need to be undertaken to determine the appropriate use for this site. This will consider the potential for services to be relocated from this site and the value the site may realise if it is sold. The analysis should consider the opportunity for the proceeds to be used to offset the cost of other developments. It would be sensible to undertake this analysis in conjunction with that for Chatham Town Centre as the locations are linked.

#### Chattenden/Hoo

A major development to provide circa 5000 new homes is proposed between 2012-2024. NHS Medway has been in discussion with Land Securities whose brief is to develop a masterplan for the development and as part of this they have been conducting extensive stakeholder and community engagement. The views expressed by the local community and by Land securities are for a health facility based in the centre of the new community.

NHS Medway needs to decide whether to:

- Seek contributions to expand existing facilities
- Agree to a purpose built facility on the site and then to decide if this should be manned by an existing service or services and / or establish new service provision

In light of the scale of the proposed development and the issues around access on the Hoo Peninsula it is proposed that a purpose built facility be provided and that work be undertaken to determine the range of services to be accommodated in this facility.

#### Hempstead

A development in Hempstead Village Centre was planned to reprovide 2 existing GP facilities although this proved difficult in terms of site acquisition and planning requirements. The population covered by these practices currently equates to about 5,000 residents.

There are currently 2 GP practices on one site: one in a GP owned facility which requires significant investment and the other in a temporary modular building which has time limited planning approval which expires in autumn 2010 and which is unlikely to be extended.

Accommodation at Hempstead Valley shopping centre has been explored and although there are opportunities available the rental charge is high.

#### **Keystone Centre / Gun Lane Practices**

It was proposed to combine Keystone Health Centre and Gun Lane Medical Centre into one facility due to capacity restrictions in both facilities. Plans to also accommodate the school on the adjacent site were subject to extensive investigation but ultimately did not proceed. Subsequently Keystone has been modernised utilising significant capital investment from the PCT. It is therefore recommended that this development be removed from the proposed future reprovisions.

#### Luton

Luton is an area of high social and health needs. Health provision has been confined to primary care facilities and until recently the accommodation was limited and for the most part in poor condition. In 2009 a new practice was established and together with one other practice is located in a temporary facility with time limited planning approval. The current GP population is about 3,000 residents.

Site acquisition in this area has proved challenging but negotiations are currently underway to secure a site owned by Medway Council. Approval from Department of Children, Families and Schools is required and it is likely that this might take some time. Once this approval has been obtained and a value agreed for the purchase, a conditional contract subject to planning approval will be entered into. This will require the submission of a planning application within a defined timescale.

It is unlikely that there will be significant third party revenue opportunities in this area and that revenue released from other facilities will not be significant.

#### Parkwood Health Centre

It was proposed to redevelop Parkwood Health Centre through LIFTCo but in 2008/09 PCT capital funds were used to extensively refurbish this facility. It is therefore recommended that this development be removed from the proposed future reprovisions.

#### Twydall

Twydall is an area of high health and social care need and was considered one of the most urgent areas for development of a purpose built facility. Identification of a suitable location has proved difficult despite significant efforts.

Twydall clinic has recently been upgraded to provide facilities for one of the satellite clinics for the new GP led health centre but these facilities are still limited in capacity.

There are also a number of single-handed practices locally in accommodation that is not entirely suitable, especially from a disability access perspective. Together these practices cover about 6,000 residents.

Twydall therefore remains a high priority and there is potentially a small window of opportunity to work with Medway Council to consider a facility on the Lennox Wood site which will soon be surplus to requirements.

#### Wainscott

There have been large scale housing developments at Wainscott and developer's funding has been used to provide additional physical capacity at the local GP practice, which covers about 3,000 residents. A further 0.4 hectares of land is allocated for a health care facility. The land was formally offered to NHS Medway in late 2009 and the PCT has two years in which to accept or decline it.

The developers have recently approached the PCT with a revised proposal which would reduce the space available to the PCT and would allow only for the reprovision of the GP practice and local pharmacy but with an agreed rent free period. However this option would enable additional primary care space than is currently available and within a shorter timeframe than could be achieved if the larger site was pursued due to competing priorities.

Based on the actual location of the site and the potential opportunities at Chattenden it would be pragmatic to accept this offer subject to agreed terms around rent and lease and suitable accommodation for the GP practice

#### Wayfield / Walderslade area

In 2009 a new practice was established in this area and is currently housed in temporary facilities at Greenacres School, Walderslade Road. The facilities have time limited planning approval. The proposed plans for the permanent facility involve a joint development with Medway Council to reprovide Hook Meadow Community Centre. There would also be the potential to relocate an existing practice in poor accommodation. These practices cover about 3,000 residents at this time.

#### Other Areas for Consideration

• Rochester Riverside

A major new housing development of around 2000 new homes is planned. A site has been identified for a health facility but no funding made available. Revenue costs to accommodate this new development would also need to be identified. These might also be the potential to relocate a nearby GP practice with around 1500 patients who is currently accommodated in poor premises at extra cost

• Hoo peninsula

A solution to the needs of the wider peninsula needs to be found which may not be dependent or wholly dependent upon physical facilities e.g. a mobile unit may be the preferred solution. Issues such as reimbursement of revenue costs and sharing of such a facility will need to be explored and resolved.

#### Other Changes to the Estate

• Wisdom Hospice

Work is currently being carried out on end of life care and this review may lead to more intensive use of the hospice. Bed usage is currently low and non cancer patients represent only a small proportion of the total. Minor works to facilitate change of use may be required.

• Darland House

This facility may move towards more intensive patient care as part of an intermediate care strategy. Such a change would require some adaptations and minor works.

### Protocol for Specialist and Technical Input into Developments and Refurbishments

### 1. Introduction

NHS Medway, Property Team will have lead responsibility for managing capital projects for both new builds and refurbishments of existing facilities. As such this team will co-ordinate the project ensuring:-

- 1) Specialist and technical advice is sought from all appropriate expert advisers
- 2) NHS Standards and guidance in conjunction with statutory requirements are met or agreement is reached around derogations.
- 3) Users and stakeholders, including patients are engaged throughout the process.

These overarching principles are explored in greater detail below.

### 2. <u>Technical Advisers</u>

An overview of the design process can be found in Appendix 1.

NHS Medway will generally develop projects utilising the skills of the Property team, Medway LIFTCo and/or KMF. They may also provide advice and sign off the schemes procured through other developers eg 3PD (3<sup>rd</sup> party developers); GP practice developments, facilities procured as part of a new housing/regeneration scheme.

Regardless of the type of development appropriate specialist and technical advice will be sourced by the Property team to ensure the facility meets all required standards ie, technical, financial and legal.

It is expected that the following advice will be standard to all schemes:-

- Infection Control
- Fire Safety
- Cleaning
- IT
- Telecoms

Depending on the scheme advice may also be required from:-

- Quantity Surveyor

- Specialist technical advice
- Mechanical & Engineering advice
- Financial advice (in house/external)
- Legal advice
- District Valuer's office

### 3. <u>NHS Standards & Guidance</u>

NHS Facilities are required to comply with all relevant statute & guidance current at the time of building control approval but also taking account of known and reasonably foreseen imminent changes.

Buildings are required to comply with Building Regulations and relevant legislation eg Disability Discrimination Act. NHS Facilities are also required (where appropriate) to comply with the following:-

- Health Building Notes (HBN's) deals with eg, service issues, decontamination,
- Health Technical Memoranda (HTM's) deals with eg decontamination, heating & ventilation, medical gases, electrical systems, sustainability etc
- Primary & Social Care Premises (Planning & Design Guidance) 2003 deals with room sizes, layout etc
- Meet Breeam excellent rating for new builds and very good for refurbishments for sustainability.
- Wayfinding Guidance
- Infection Control in the Built Environment (2002)

This list is not exhaustive and will change as guidance changes.

In addition policies & protocols relevant to NHS Medway and South East Coast SHA will also be referred to.

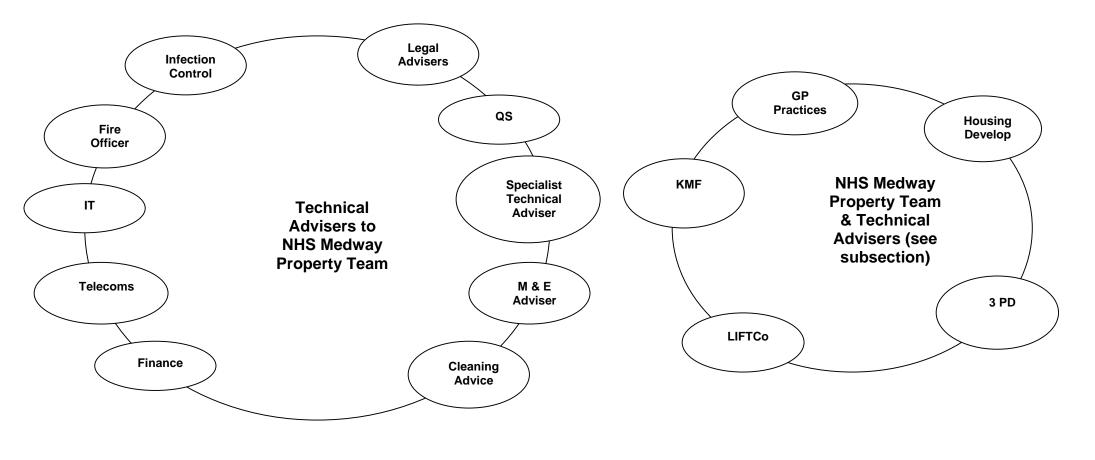
#### 4. User & Stakeholder engagement

NHS Medway is keen to engage with users and stakeholders to ensure all facilities meet, where possible, the aspirations of the users and the local community including the key design principles outlined below:-

- High quality design symbol of civic pride
- Good integrated design, connected to and contributing to the urban environment
- Creation of positive public open spaces in the context of surrounding areas and landscaping
- A friendly inviting building to approach, without overt security, clearly signing the entrance and deterring access to private areas

- Clear practical planning in response to the relationship and scope of different elements and departments, providing a physical expression and innate order
- An inclusive design, which is equally accessible to people with sensory, cognitive or mobility restrictions.
- A building that sets people at ease, by light, bright, clear, and open spaces, with calm ordered interiors and views of nature.
- A building that makes patients more relaxed and visitors feel special.
- A building that makes the workforce more content and more effective.
- Single central reception point for orientation and welcome, with private areas for confidentiality and discrete security for staff.
- Design for cleanliness, maintenance of antibacterial hygiene standards and minimizing cross-contamination, through careful detail and flows.
- Design for easy maintenance and robust materials and details with good articulations and connection design.
- Design capable of adaptation to future change, through flexible design and interchangeable standardized rooms and services network.
- Design to integrate through shared use of facilities.
- Design for extended hours of operation with a designed strategy for out of hours access and security.
- A building that is aesthetically pleasing and provides opportunities for the inclusion of paintings, sculpture and other art works including performing arts.

Appendix 2 sets out the range of users to be consulted/engaged with and for each project a plan will be developed specifically addressing how this will be achieved.



**Subsection** 

Appendix 1: Design Process

