Guildford and Waverley CCG

Estates Strategic Framework

June 2016
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1.0 Executive Strategy

1.1. In June 2015 the Department of Health and NHS England wrote to all Clinical Commissioning Groups in England to request that they develop a local approach in order to respond to the challenges set out in the NHS Five Year Forward View.

1.2. In response to the request, Guildford and Waverley Clinical Commissioning Group (CCG) drafted this Estates Strategic Framework to respond to and act on the opportunities associated with implementing the strategic principles of the CCG, from which a subsequent Implementation Plan will be based.

1.3. The Strategic Framework and associated Implementation Plan will provide Guildford and Waverley CCG with a route map for the future development of the Primary Care and Community Services estate in the local area. One of the key drivers for developing this Strategic Framework is our Urgent Care Strategy, where we see more health services based in the community rather than hospitals, closer to where people live (including direct access diagnostic testing for primary care clinicians).

1.4. This document provides a high level review of the current Primary Care and Community Estate, as well as detailing the principles we can apply when determining the future estate and the future approach to delivering this Strategy.

1.5. The development of the Strategic Framework should be seen as the first point in developing our approach to managing and developing estates in Guildford and Waverley and as such will be regularly reviewed; a process led by the Estates Working group, to ensure that it takes into account any changes in the healthcare landscape or priorities within the CCG.

1.6. The main drivers for developing this Strategic Framework and subsequent Implementation Plan are to:
   - improve patient care;
   - outline our strategic direction, in relation to estates development, including our Integrated Partnership Programme and establishing and implementing our population based whole system model;
   - ensure efficiency and cost effectiveness;
   - support the delivery of national policy.
2.0 Introduction

2.1. In June 2015 the Department of Health (DH) and NHS England (NHSE) wrote to all Clinical Commissioning Groups in England to request that they develop a local approach to respond to the challenges set out in the NHS Five Year Forward View. The DH/NHSE letter stated that a substantial improvement in the local management of the NHS owned and occupied estate was required in order to help commissioners deliver their commissioning intentions and ensure that patients receive the right care, at the right time, in the right setting, from the right provider.

2.2. In particular, the DH/NHSE letter identified considerable opportunity for the NHS to:

1. use the existing estate more effectively;
2. reduce running and holding costs;
3. reconfigure the estate to better meet commissioning needs;
4. share property (particularly with social care and the wider public sector);
5. dispose of surplus estate to generate capital receipts for reinvestment; and
6. ensure effective future investment.

2.3. In response to the DH/NHSE request, Guildford and Waverley CCG developed a draft strategic estates plan supported by the CCG’s commissioning intentions by identifying and supporting opportunities to manage and modernise the existing estates. This includes the coordination of projects and prioritisation of investment in the local estate and the requirement to identify and manage estate issues and risks.

2.4. This Strategic Framework responds to and acts on the opportunities identified above. It will support the delivery of the CCG’s Commissioning Intentions and outline the overarching strategic principles on which a detailed Estates Implementation Plan will be based. It is vital that service and estates planning are integrated to ensure that the best estate is available to deliver the best healthcare services, based on well-founded investment decisions providing an opportunity to ensure that the estate is fit for purpose and suitable to the needs of our population.

2.5. Some of the Guildford and Waverley estate may no longer be suitable for the delivery of healthcare services or may be under utilised, vacant or used to deliver back office functions. Conversely there may be other areas where estate is under pressure to deliver more services, possibly as a direct impact of delivering our future commission intentions. The aim of the Strategic
Framework and subsequent Implementation Plan will be to identify where these opportunities may exist and align our future estates requirements.

2.6. Guildford and Waverley CCG already meets the costs of running much of the estate in its area, either directly at the CCG offices, or indirectly through commissioning contracts. Estate running costs represent the third largest cost to the NHS after staff costs and medicines. Better use of the estate will enable significant savings for potential reinvestment in patient care.

2.7. In order to realise the benefits outlined in the DH/NHSE letter, the CCG will consult with local health and other public sector partners in the process of developing the detailed Local Estates Implementation Plan to ensure that a truly holistic approach is taken to estates planning. The Local Estates Implementation Plan will therefore reference plans for:

- primary and community care estate;
- non-clinical estate, such as office/administrative bases;
- secondary and tertiary care estate;

2.8. The detailed Local Estates Implementation Plan will be formulated from December 2015 and during 2016. It will include the current context, vision, gap analysis, initiatives, clear delivery plans and an achievable timescale for delivery. The first step in this process is to develop a service optimisation plan for primary care and community care. The estate optimisation plan including non-clinical estate will follow the clinical plan during 2016.

3.0 Scope

3.1. The purpose of the Guildford and Waverley CCG Local Estates Strategy and Estates Implementation Plan is as follows:

(1) to evaluate the current condition, suitability and usage of the existing estate in Guildford and Waverley;

(2) to identify the ideal quantum of estate required given:

- the CCG’s Commissioning Intentions;
- the changing NHS landscape (e.g. the move to transfer more services out of hospital into the community);
- changes in population demographics (e.g. the ageing population);
- opportunities to increase utilisation of existing facilities (e.g. through seven day per week working), taking account of the NHS Property
Services analysis of utilisation of the current estate;

- technological factors (e.g. telehealth);
- initiatives to bring about closer working between the NHS and local authorities; and
- other factors not included above but which may appear to be relevant in the future.

(3) to identify and quantify the gap between the current and desired positions, including whether current estate is fit for purpose;

(4) to identify the steps required to close the gap between the current and the desired positions (e.g. by identifying detailed data required to maximise opportunities for the increased utilisation of estate);

(5) to advise on property investments and disinvestments to reach the desired position;

(6) help to ensure that NHS services are delivered in premises that are:

- capable of meeting increasing demand;
- flexible to accommodate changing service models; and
- clinically safe and sustainable; and

(7) enable Guildford and Waverley CCG to evaluate bids for capital investment which may be funded through increased rents, NHS capital (including the Estates and Technology Fund), develop Section 106 funds, or Community Infrastructure Levy (CIL) capital.

4.0 Population & Locality Profile

Demographic change & health need

4.1. The CCG is fully committed to the principles of the NHS Constitution and is committed to commissioning high quality health services, delivered in the most cost effective way for its patients. We are committed to delivering the NHS Constitution, ensuring choice and enabling shared decision making. Indeed these commissioning intentions are designed to meet the needs of our patients and population as identified in the Joint Strategic Needs Assessment (JSNA).

4.2. The local health and social care economy as described below are committed to working in partnership to co-create a sustainable high quality safe whole system that meets the needs of the local population.
- 21 General Practices who provide primary care and other services for a total population of 219,000 people;
- Virgin Care Ltd and Royal Surrey County Hospital (RSCH) are the main providers of community health services and acute care for this population;
- Surrey County Council is responsible for social care provision;
- Guildford Borough and Waverley Borough Council is responsible for local amenities, support and housing services;
- A number of other organisations, including Surrey and Borders Partnership (who provide mental health services);
- South East Coast Ambulance (SECAmb), and the local primary care out-of-hours provider also provide health and care services;
- Surrey Police
- Procare Health Ltd is a federation involving 17 of the 21 general practices in Guildford and Waverley.

4.3. During 2015/16 we have supported the member practices to form into five distinct localities in order to engender ownership by our primary care clinicians and practices to work much more closely and aligned with consultant specialty colleagues in the Royal Surrey County Hospital (RSCH).

4.4. There is formal acceptance that all the organisations involved – namely G&WCCG, RSCH, Virgin, SABP, Social Services and General Practice will work together for the improvement of the patient and the Health and Social Care Economy.

4.5. The overarching ambition is to support and enable the ‘one Guildford and Waverley’ concept through supporting active relationships between partners during 2015/16 building confidence and trust ensuring common ground and objectives are understood and shared by all partners.

4.6. The CCG is committed to maintaining the quality and standards required to deliver high quality, safe care that maintains and improves excellent patient experience and improved clinical outcomes complying with the NHS constitutional standards and recognising the Choice agenda for patients.

4.7. Through working in partnership with the Royal Surrey Hospital Trust, Community Health Services and GP practices and focusing on discharge and emergency care improvement the length of stay and excess bed days and
admissions from care homes for the over 65 population has reduced during 2015/16.

4.8. The establishment of an Integrated Care Partnership Programme provides a partnership forum where all of the above providers meet to design and deliver the integrated operating service model that will meet the needs of the frail and vulnerable population in Guildford and Waverley. Active engagement and opportunities enable the CCG to utilise the Better Care Fund with Surrey County Council in reducing avoidable admissions.

4.9. There are two main sources of information on the number of people living in GWCCG area, resident and registered populations. The population is the number of people living within the CCG area mapped to administrative boundaries; these are estimated using the 2011 Census data as a baseline and taking into account subsequent births, deaths and movements into and out of the area.

4.10. The total GWCCG population is 207,772 and consists of approximately 102,725 (49.4%) men and 105,047 (50.6%) women. Approximately one quarter (24%) are children and young people aged 0-19 years. Almost 60 per cent (58%) are adults of working age (20-64 years).

4.11. Approximately a fifth (18%) are older adults, aged 65 years and over, with 3% of the population the very old, aged 85 years and over.

Table 1: Mid 2013 Estimate of Population by broad age group and gender

<table>
<thead>
<tr>
<th>Age</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
<th>% Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-19</td>
<td>25,915</td>
<td>24,188</td>
<td>50,103</td>
<td>24</td>
</tr>
<tr>
<td>20-64</td>
<td>59,792</td>
<td>59,962</td>
<td>119,754</td>
<td>58</td>
</tr>
<tr>
<td>65 and over</td>
<td>17,018</td>
<td>20,897</td>
<td>37,915</td>
<td>18</td>
</tr>
<tr>
<td>85 and over</td>
<td>2,071</td>
<td>3,958</td>
<td>6,029</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td>102,725</td>
<td>105,047</td>
<td>207,772</td>
<td>100</td>
</tr>
</tbody>
</table>
Projections taking into account planned housing developments

4.12. Table 2 shows the housing constrained projections are lower than the ONS trend based projections. These projections use ONS assumptions of births, deaths and migration in projections restricted to the housing trajectories produced by the districts and boroughs to arrive at a housing constrained population projection rather than one purely based on trends.

4.13. CCG specific projections were estimated by combining the borough-level housing constrained population projections with the distribution of the population according to LSOA population estimates for 2013.

Table 2: Population projections in GWCCG constrained to planned housing growth

<table>
<thead>
<tr>
<th>Age band</th>
<th>2015</th>
<th>2017</th>
<th>2019</th>
<th>2021</th>
<th>2023</th>
<th>2025</th>
<th>Population change from 2015 to 2025</th>
<th>% change</th>
<th>Population change Surrey %</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-14</td>
<td>35,600</td>
<td>36,600</td>
<td>37,300</td>
<td>37,700</td>
<td>37,700</td>
<td>37,700</td>
<td>2,100</td>
<td>5.9</td>
<td>2.7</td>
</tr>
<tr>
<td>15-29</td>
<td>39,000</td>
<td>39,500</td>
<td>39,800</td>
<td>40,100</td>
<td>40,900</td>
<td>41,700</td>
<td>2,700</td>
<td>6.9</td>
<td>-2.3</td>
</tr>
<tr>
<td>30-44</td>
<td>38,000</td>
<td>37,300</td>
<td>37,100</td>
<td>37,300</td>
<td>37,600</td>
<td>37,500</td>
<td>-500</td>
<td>-1.3</td>
<td>-4.7</td>
</tr>
<tr>
<td>45-64</td>
<td>50,900</td>
<td>52,100</td>
<td>52,800</td>
<td>53,200</td>
<td>53,200</td>
<td>53,400</td>
<td>2,500</td>
<td>4.9</td>
<td>5.3</td>
</tr>
<tr>
<td>65+</td>
<td>38,000</td>
<td>39,200</td>
<td>40,500</td>
<td>41,800</td>
<td>43,400</td>
<td>45,000</td>
<td>7,000</td>
<td>18.4</td>
<td>18.9</td>
</tr>
<tr>
<td>85+</td>
<td>6,200</td>
<td>6,700</td>
<td>7,200</td>
<td>7,700</td>
<td>8,300</td>
<td>8,900</td>
<td>2,700</td>
<td>43.5</td>
<td>41.8</td>
</tr>
<tr>
<td>Total</td>
<td>201,500</td>
<td>204,700</td>
<td>207,500</td>
<td>210,100</td>
<td>212,800</td>
<td>215,300</td>
<td>13,800</td>
<td>6.8</td>
<td>4.1</td>
</tr>
</tbody>
</table>

4.14. So what does this mean for GWCCG

4.15. These projections suggest an initial rise in demand for children’s and older people services will continue to rise over the next 25 years. It is worth noting that most health and social care is accessed by the younger (0-14) and the older (65+) sections of the population which are projected to increase in Guildford and Waverley, but such care is usually delivered by those in the middle age band (30-64) which is projected to decrease slightly.

4.16. The dominant feature of the population of Guildford and Waverley is the increase in the number of people aged over 65. The major implications of this are around the increase in long term conditions (often with co-morbidities), depression, falls, social care needs and loneliness.
4.17. In terms of the make-up of the population there are several key groups for whom there are health and care implications:

- People of working age with moderate or serious physical disabilities – estimate 18,600
- People with long term mental health problem – estimate 10,000
- Households experiencing fuel poverty – estimate 8,000
- People with Learning disabilities – estimate 4,000
- People providing more than 50 hours of unpaid care per week – estimate 3,000

4.17.1. There are significant numbers of people who have risky health behaviours:

- Adults who drink alcohol at levels which can damage health – estimated to be half the population
- Adults who smoke – estimated to be one fifth of the population
- Adults with excessive weight – estimated to be half the population
- Adults who are physically inactive – estimated to be 40% of the population.

4.18. Those with risky health behaviours above will tend to live in the more deprived areas of Guildford and Waverley and for each factor there will be a proportion of children and young people who are already have these risky health behaviours.

4.19. Of the main long term conditions there are several that stand out in terms of large numbers:

- People with hypertension – estimate 27,000
- People with depression – estimate 13,000
- People with asthma – estimate 12,500
- People with coronary heart disease and stroke – estimate 8,600
- People with diabetes – estimate 7,500

4.20. People with Coronary Heart Disease and Cancer are likely to number about 5,000 for each of these conditions, with a further estimated 3,000 to have dementia. Additionally there are a small but significant number of patients with psychosis (1,500).

4.21. Life expectancy in Guildford and Waverley is amongst the highest in the country (82 years in men and 85 years in women). However, there is 7 years difference
in life expectancy for men and 12 years difference for women between wards with the lowest and highest life expectancies. At age 65, men living in Guildford and Waverley can expect to live about 8 years of their remaining 20 in poor health, while for women about 10 years out of 23 is likely to be in poor health. A significant number of residents also experience poor health before age 65, requiring attention to long term conditions at an earlier age, particularly in areas of high deprivation.

4.22. The biggest underlying causes of potential years of life lost (PYLL) amenable to health care is cancer (one third of PYLL) and coronary heart disease (one fifth of PYLL), while the biggest driver of health inequalities is circulatory disease.

5.0 CCG Strategic Commissioning Intentions

Primary Care Development

5.1. Primary Care Transformation is critical to everything we want to achieve and at the heart of this is the need to support General Practice. Transforming Primary Care services will ensure consistent, high quality Primary Care to all our residents.

5.2. In 2015 the CCG developed a draft Primary Care Strategy, which established the high level vision for Primary Care and General Practice across the local area.

5.3. “We see high quality primary care as the foundation on which to build the very best healthcare for the local population. In order to achieve this we will need to increase capacity and capability in primary and community services so that we focus on preventative and proactive care, particularly for the most frail and disadvantaged communities”.

5.4. We have established a Primary Care Co-Commissioning Group to oversee this significant area of development. Key to the groups areas of responsibility will be to:

- Continue to commission a range of services in Primary Care via a new offer to General Practice, an appropriately costed Locally Commissioned Service (LCS) that addresses key areas of health inequality, improves clinical outcomes and shifts the model of care to one that is more proactive and preventative for our most frail population;
- Oversee the development of a collaborative model of primary care and
build a more resilient and sustainable model of provision;
• Consider the opportunity to receive primary care commissioning responsibilities back from NHS England, ensuring the governance around this is robust.

5.5. Will seek to strengthen the mechanisms for reporting on and addressing issues relating to the quality of care in general practice.

5.6. We will continue to develop services for the vulnerable population and seek to improves outcomes by:

• Continuing to develop person centred services for older, frail and vulnerable people in the community. Reviewing the Frailty Initiative and Integrated Care Partnership arrangements that will provide early intervention and additional support for patients with long term conditions and who are at risk of admission or reaching crisis
• Continue to work towards the provision of seven day primary are services across GWCCG
• Review all Locally Commissioned Services and work with Primary Care to establish and strengthen the capacity and capability in Primary Care to provide additional services;
• Develop robust and achievable workforce plans that will support the delivery of sustainable Primary Care in the future;
• Support practices to develop collaborative localities to provide more efficient proactive working practice
• In conjunction with NHS England we will work to improve the quality of Primary Care through establishing joint co-commissioning arrangements.

5.7. Improving Access to Primary Care

5.8. The CCG will set out in the Guildford and Waverley Primary Care Strategy the long term ambition and vision for Primary Care over the next 20 years. It is critical that this informs the opportunities available through the Estates and Technology Transformation Fund which we believe provides the investment to secure the enablers of integration of a deliverable effective and fit for purpose estates and IM&T strategy. Health practitioner will be able to support and advise their patients through technological solutions, such as web based face to face platforms, reducing travel time will increase the health staff with ‘time to care’ and improve ‘continuity of care’ as practitioners can follow up patients in
the community. Development of locality based community health and care hubs will provide local communities with easy access to a range of health and care services. The integrated proactive care teams will be able to utilise these locality hubs and provide a wide range of assessments, diagnostics and treatment close to the patient’s home.

5.9. The CCG is submitting an application to the Primary Care Development Fund that will develop alternative options that extend and improve access to population groups who may have experienced difficulty in accessing GP appointments. The development of a wider range of services in Primary Care will ensure that:

- All patients have equal access to a wide range of out of hospital services which meet their needs locally, seven days a week;
- Pathways are joined up, enabling patient’s to remain healthy at home for as long as possible;
- Partner organisations, such as mental health services, social care and voluntary services can be coordinated and integrated.

5.10. Estates are currently managed jointly by NHS England and NHS Property Service. The quality of GP premises is variable. To maximise the impact of out of hospital services, it is essential the decisions on location of services are made locally. The Estates and Technology Transformation Fund will help GP practices to consider the estates strategy for the future and achieve convenient access to clinical services by extending existing GP premises to provide modern facilities with disabled access.

5.11. Shared access to patient clinical notes is a critical enabler of the new models of care and at present there are limitations to the variant systems in place and information governance issues that exist. A programme of IT development in Primary Care will enable services to work together in a more productive way to manage patient care, provide continuity and avoid duplication.

5.12. Workforce redesign and development of the Primary Care workforce will ensure that staff are capable to provide out of hospital care and ensure staff are up to date on evidence based treatments and technological developments. Training programmes which address key knowledge gaps will need to be delivered whilst delivering continuity of care.

5.13. Services offered by GP practices are variable and GPs are facing considerable
pressure due to the rising demand for services and the increased complexity and higher expectations. Changing the way primary care operates is essential to manage these high risk patients in the community. Over the next 3 years the CCG will have an increased role in commissioning a broader range of local services and supporting practices to work together to improve the quality and range of integrated services delivered through more efficient and effective processes. Access to services seven days a week will be required, with increased use of online facilities.

5.14. As part of the plan to deliver the specifications there is an intention to review the options to increase the use of digital technology where appropriate (including the possibility of providing medical appointments online). The increased use of technology could have an effect on the amount of estate space required over the longer term.

Community Health

5.15. One of our strategic intentions is to see more health services based in the community rather than hospitals, closer to where people live; including direct access diagnostic testing for primary care clinicians. Guildford and Waverley CCG, in line with the Five Year Forward View, will continue to work with our Practices to develop a population based whole system provider model that will deliver co-ordinated, integrated out of hospital care to the Guildford and Waverley population.

5.16. Developing this integrated model will deliver benefits for patients through providing better integrated care locally: it is also the logical next step in developing the various work programmes that are ongoing as part of the Five Year Plan for out of hospital care; enabling us to respond to feedback from patients, the public and our member practices on existing out of hospital services and enhance the role of the GP as the co-ordinator of care. This is particularly important for high risk patients with complex needs who require the GP to bring together all of the relevant professionals to deliver joined up, out of hospital care which meets their needs.

5.17. In order to deliver our ambitious Integrated model, the estate in Guildford and Waverley will be reconfigured around two localities Waverley and Guildford.

5.18. These locality-based hubs will be co-ordinated by GPs working collaboratively and they will facilitate a new, enhanced model of joined up care in which primary
care, community services and other out of hospital functions can operate. Patients would move in and out of the hubs, accessing services in accordance with their needs.

5.19. The services which will be included in the development from April 2017 include (but not limited to) the following:

- Mental health & dementia
- Voluntary sector
- Rapid response
- Early supported discharge
- Social services
- Community Matrons and Nursing
- Therapies
- Specialist nursing
- Geriatricians

5.20. These shifts could potentially impact on the size of community healthcare facilities required.

6.0 CCG Direction of Travel

6.1. The current general directions of travel that could affect the quantum of healthcare estate required are the following:

- Seven day per week working;
- A move to provide more health services in community settings, out of hospital;
- A desire to improve utilisation of current estate capacity;
- Use of information technology to improve clinical efficiency and safety;
- Closer cooperation between health and social care services.

6.2. In discussing the future commissioning of General Practice services by Guildford and Waverley CCG, it is important to understand the rapidly changing political environment and the various developing agendas that are likely to influence CCG plans. NHS Property services have undertaken market rent evaluation which has come into effect from 2016/17 with adjustment to the NHS England allocation to ensure that there is no negative impact on providers.
6.3. The Guildford and Waverley Joint Health and Wellbeing Strategy (published in 2012) identified a clear intention to shift resources away from specialist health and care services in favour of primary and community care. Surrey County Council, the Borough Councils and the CCG are united around three core priorities:

- Promotion of resilience
- Strengthening of prevention
- Integration of health and social care.

6.4. **Current NHS Community Health Estate**

<table>
<thead>
<tr>
<th>Property name</th>
<th>Main use</th>
<th>NIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buryfields Clinic</td>
<td>Health Centre</td>
<td>1,064</td>
</tr>
<tr>
<td>Cranleigh Health Centre</td>
<td>Health Centre</td>
<td>1,211</td>
</tr>
<tr>
<td>Cranleigh Village Hospital – South House</td>
<td>Health Centre</td>
<td>95</td>
</tr>
<tr>
<td>Cranleigh Village Hospital</td>
<td>Hospital</td>
<td>957</td>
</tr>
<tr>
<td>Haslemere Health Centre</td>
<td>Health Centre</td>
<td>782</td>
</tr>
<tr>
<td>Haslemere Hospital</td>
<td>Hospital</td>
<td>3,254</td>
</tr>
<tr>
<td>Haslemere Hospital - Annex</td>
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<td>481</td>
</tr>
<tr>
<td>Haslemere Hospital - Old Mortuary</td>
<td>Hospital</td>
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</tr>
<tr>
<td>Haslemere Hospital - Ambulance Station</td>
<td>Hospital</td>
<td>82</td>
</tr>
<tr>
<td>Haslemere Hospital - Cedar Bungalow</td>
<td>Hospital</td>
<td>80</td>
</tr>
<tr>
<td>Haslemere Hospital - Stores</td>
<td>Hospital</td>
<td>66</td>
</tr>
<tr>
<td>Haslemere Hospital - Medical Gas Store</td>
<td>Hospital</td>
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</tr>
<tr>
<td>Haslemere Hospital - Generator</td>
<td>Hospital</td>
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<tr>
<td>Haslemere Hospital - Bin Store</td>
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</tr>
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<td>Haslemere Hospital - Outpatients Boiler</td>
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<td>Haslemere Hospital - Marjorie Grey Hall</td>
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<td>Haslemere Hospital - Workshop</td>
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</tr>
<tr>
<td>Jarvis Centre</td>
<td>Health Centre</td>
<td>1,800</td>
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<td>Jarvis Centre - Annexe</td>
<td>Health Centre</td>
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<tr>
<td>Jarvis Centre - Wheelchair Child Services Building</td>
<td>Health Centre</td>
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<td>Milford Specialist Rehab Hospital</td>
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<tr>
<td>Milford Specialist Rehab Hospital- X-Ray Block</td>
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<td>Milford Specialist Rehab Hospital- Admin Block</td>
<td>Hospital</td>
<td>378</td>
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<tr>
<td>Milford Specialist Rehab Hospital- Estates Workshop</td>
<td>Hospital</td>
<td>88</td>
</tr>
<tr>
<td>Milford Specialist Rehab Hospital- Mortuary</td>
<td>Hospital</td>
<td>58</td>
</tr>
<tr>
<td>Milford Specialist Rehab Hospital- Tea Room</td>
<td>Hospital</td>
<td>8</td>
</tr>
<tr>
<td>Milford Specialist Rehab Hospital- Garage Store</td>
<td>Hospital</td>
<td>11</td>
</tr>
<tr>
<td>Beacon RSC Hospital</td>
<td>Hospital</td>
<td>523</td>
</tr>
<tr>
<td>Dominion House</td>
<td>Offices</td>
<td>512</td>
</tr>
</tbody>
</table>
7.0 Principles for Future Estates Development

7.1.1. The principle approach that will be taken when considering future investment opportunities will be to ensure that:

- It meets the needs of our local population
- There are no significant financial implications to the CCG; i.e. revenue costs
- It enables the CCG to utilise our estate to deliver our MCP Strategy
- It ensures future investment in sustainable sites/primary care infrastructure.
- Strategic issues will cover demographic change and service design, while local issues will focus on compliance and sustainability.

7.1.2. Any future scoring of the cost/benefit analysis will include consideration of the following:

- Quality: privacy and dignity, reliability;
- Availability: timescales for implementation;
- Affordability: availability of funds

7.1.3. When addressing the future estates requirements we must also consider the current investment proposals that have been submitted to NHSE practices as a way of ensuring that future requirements take stock of what has previously been approved or is currently in the pipeline.
8.0 Next Steps

8.1.1. Development of the Implementation Plan will proceed in collaboration with local partners, including Surrey County and Guildford and Waverley Borough Councils and other stakeholders. It is anticipated that a further stakeholder event will take place to support the development of the Estates Implementation Plan.

8.1.2. A financial planning model should be developed to support the Strategic Framework and Implementation Plan, to ensure that the implementation remains affordable and deliverable.

8.1.3. A review of the current estate should be conducted, this should include a specific focus on areas of where there are known pressures e.g. expiration of leases.

8.1.4. Develop site specific plans which will support the overarching principles as detailed in this Strategic Framework which will form part of our CCG Estates and Technology Transformation Fund bid proposal.

8.1.5. Continue to pursue site specific options for the MCP hub sites working with key stakeholders to look at potential options.