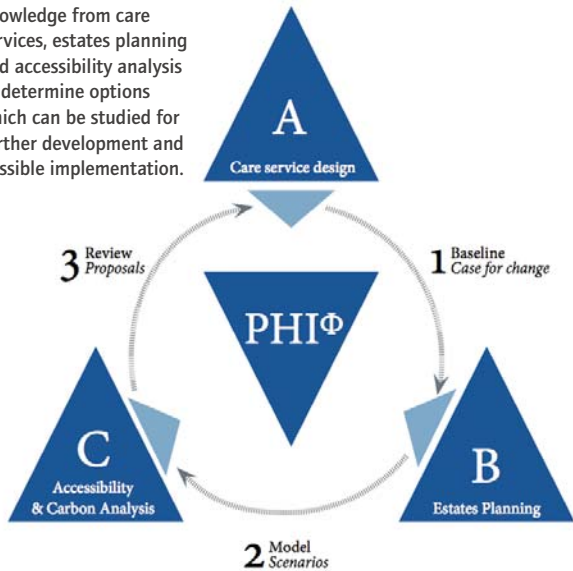


The PHI Tool uses the knowledge from care services, estates planning and accessibility analysis to determine options which can be studied for further development and possible implementation.

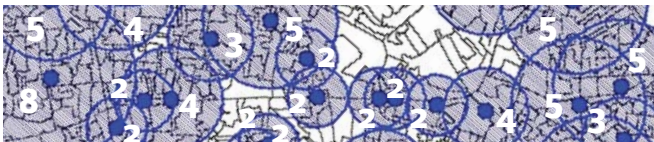


"[The PHI Tool] encourages good engagement. Clinicians and more time would have been a very powerful experience with real people and users."  
-Neil McElduff, Director of Commercial and Corporate Services, NHS Barnet



## Future Planning

As the financial crisis continues to impact public purses, closer attention must be paid to how and where new clinics are built. NHS Barnet and the PFBE embarked on this study together to assess the goals for their four polysystem. The integration of polyclinics into the health care system to serve the public is an opportunity to examine the current estates and enhance their positive efficiency. As these facilities become part of the system, they need to be located where they can have the most impact and service the highest density. This workshop illustrates that there is not one simple solution, but a series of complex possibilities that arise from many different influences. PFBE's mission is to continue to develop and use resources like the PHI<sup>Φ</sup> Tool with NHS Commissioning to make the best planning decision for public benefit.



## Feedback from Participants

- Benefits of planning where to locate facilities will help when NHS has to attempt to buy sites and practices.
- Training of nurses and people in the field is an issue. We need to bring up and maintain capacity of skilled workers.
- The PCT needs new buildings with new services because it will only be cheaper if the change is fundamentally cheaper.
- The care model must be at the root of the change. The volumes and specialties most needed have to be understood. The infrastructure must then be flexible but deliver capacity.
- The PHI<sup>Φ</sup> Tool allows the debate between design and location to begin. The PCT needs to determine which dominates.
- The PHI<sup>Φ</sup> Tool is a great way to get the key wider engagement from the community and patients.
- NHS need to make sure the patient was better at the end of the treatments. We need to look at predictions, treatments and outcomes to help future diagnoses.

## Attendees

### BARNET PCT

NEIL MCELDUFF  
CERI JACOBS  
JAN CHARMAN  
CYNTHIA FOLARIN  
FAHARI SALJANLI  
KANNAN KANAN  
TONY CURTIS  
CLARE STEPHENS  
REBECCA KINGSNORTH  
TERESA CALLUM  
GOHAR CHOUDHURY  
BEVERLY WILDING  
KAREN MAY  
ANTHONY NOLAN  
ANNE THAINE

### ELEVATE/ ASSURA

WAYNE ASHTON  
SUSAN HANCOX

### PFBE

BEN BOLGAR  
PETER QUINTANILLA  
NOAH RAFORD  
ABBEY OKLAK  
BETTINA BUNGAY-BALWAH

### OTHER GUESTS

NEIL BLACKSHAW, HEALTHY URBAN DEVELOPMENT UNIT  
GRANT MILLS, LOUGHBOROUGH UNIVERSITY HACIRIC  
JAMES LATTA, DEPARTMENT OF HEALTH  
PHIL ASTLEY, LONDON SOUTH BANK UNIVERSITY



**E** [design@princes-foundation.org](mailto:design@princes-foundation.org)

**T** +44 (0) 20 7613 8500

**F** +44 (0) 20 7613 8599

[www.princes-foundation.org](http://www.princes-foundation.org)



**The Prince's Foundation for the Built Environment**

19–22 Charlotte Road, London EC2A 3SG United Kingdom

The Prince's Foundation. President: HRH The Prince of Wales. A Company Limited by Guarantee, Number 3579567. Registered in England and Wales at 22 Charlotte Road, London EC2A 3SG. Registered Charity Number 1069969. VAT Number 839 8984 44

## PHI<sup>®</sup> Tool

Ben Bolgar,  
PFBE

The Prince's Foundation for the Built Environment (PFBE) is dedicated to enriching the quality of people's lives through changing the built environment. The relationship people establish with their surroundings is either enhanced or inhibited by the facilities near their homes. Years of observation and research shows there is a maximum distance people will walk to reach goods and services before deciding to drive. This length is typically a 5 minute walk or 450 m radius. However, health care facilities are often not easily accessible within that distance, and the implications of encouraging driving include increased levels of obesity, poor air quality and carbon emissions. The PHI<sup>®</sup> Tool seeks to add accessibility criteria into the planning of future clinics and hopes to influence their location to better meet the needs of the patients.

The current restructuring of the Primary Care Trusts allows for the development of better facilities, and now is the chance to examine the estates and enhance the system. The PHI<sup>®</sup> Tool looks at the whole development and illustrates the impact on the whole region. Simply, the polysystem could cause more or less carbon emissions based on the location of the health care facilities.

## Vision for NHS Barnet

Ceri Jacob,  
Director of Primary and Community Commissioning

NHS Barnet is committed to creating a healthcare system with high quality services that are safe for patients. This is a commissioner driven change that places the right assets in the right location for a sustainable future. Modern amenities, accessibility and locations must be considered.

Prior comments on polysystems have focused on the existing buildings and clinics, but now we must to focus on care pathways. The clinic should be the center of where treatment occurs, and other services should be located where best for the patient. Once the care pathway model is finalized, the building stock can be adjusted for the uses that will occur there.

We see the new pathways as placing services closer to homes and out of hospitals. Different specialities will share services to minimize locations. Services that continue to be in hospitals will be there because they need to be, not because they have always been in the hospitals. In the acute sector, we hope to make treatment easier to navigate and cost efficient for the polysystem. Home care is a possibility to minimize costly days in the hospital,

In the future, pharmacies will also be a place that delivers services. Some issues must be addressed in the current structure, but pharmacies have the opportunity to fill in the gaps.



The Prince's Foundation  
FOR THE BUILT ENVIRONMENT

# Barnet NHS PHI<sup>®</sup> Pilot Workshop Executive report

In Response to the 2008 NHS Next Stage Review that launched 4 critical challenges, The Prince's Foundation for the Built Environment, (PFBE) supported by the Department of Health, developed the PHI<sup>®</sup> Tool to help Primary Care Trusts with the analytical and planning skills necessary to deliver the 4 critical challenges. The PHI<sup>®</sup> Tool sets out a method which provides a holistic framework for the allocation of health care services and strategic planning, resulting in a model of health care that will improve services delivery and patient accessibility.

In December 2009, PFBE ran a pilot workshop to test the methodology of the PHI<sup>®</sup> Tool based on Barnet NHS's 4 polysystems. This Executive Report documents the key information and outcomes from the workshop and gives a synopsis of what is needed to further improve the tool.

## Public Health in NHS Barnet

Cynthia Folarin,  
Public Health Team

NHS Barnet is lucky to be an diverse, generally affluent, and generally healthy system. The deprivation that does exist is spread throughout the borough, and occurs in mostly small patches.

The population residing in Barnet is projected to raise almost 8.5% by 2014. The Edgware Polysystem is estimated to grow the most and become the largest polysystem over the current largest, Finchley Polysystem. The current number of residents and registered patients is about the same in each polysystem. Life expectancies for women in the borough average 82 years old, and men average 78 years old.

NHS Barnet mortality rates are below both England and London in strokes, cancer, COPD, and CHD. Hypertensive Disease is the only mortality rate that is above England's rate but below London's.

These statistics help plan for the future and understand the people and community NHS Barnet serves. We must also recognize that treatments will change in the future, and the new methods will have an impact on the delivery of care. NHS Barnet must also understand the impact from planning applications and new residents. The political environment is impossible to separate from health care. Only with the help of partners, can NHS Barnet maintain for future generations.

# Physical Infrastructure Requirements

Wayne Ashton,

Head of Health Planning

Planning the future of the polysystems in Barnet is not about the buildings. It is about the models of care, and how they are implemented. Each option effects the infrastructure, and we must remember that buildings take time to come online. Final decision must be economically viable, functional and usable.



This overlay must be worked onto a map to make services available in convenient locations in facilities that are fit for purpose. The clinics must also be future proof and allow for adaptation as care changes with technological advancements. Commissioners need to lead the change within the system.

The first step to understand what the physical requirements for services has been to model the patients from 2008-09. This is a starting point to see what is needed and how much activity is duplicated. The next step is to illustrate where each activity occurs spatially, and see what needs to be added to the system.

To use this approach a whole system change is needed. NHS Barnet must begin to look at the expectations of patients to make sure they are delivering the necessary services. Information must also be disseminated in a quick and convenient manor so not all simple problems end up in the emergency room. Strategic plans need to make sure they are affordable and well thought out for care at all levels. You must also begin to place the services that hospitals and GPs no longer want to deal with on a day to day basis in other locations.

# Models of Care

Anthony Nolan,

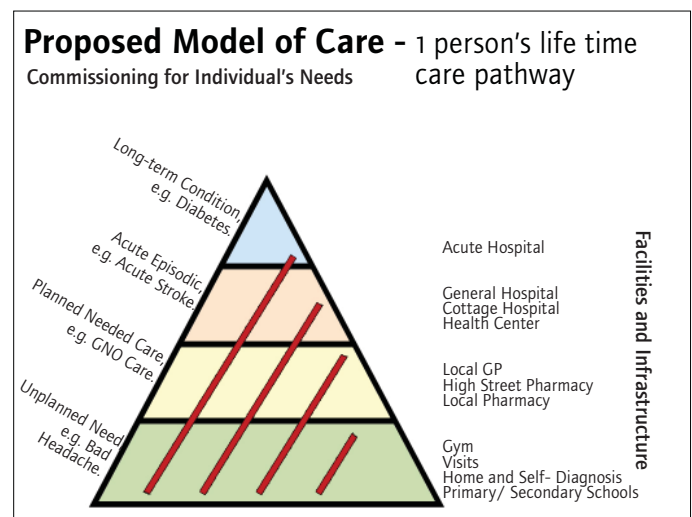
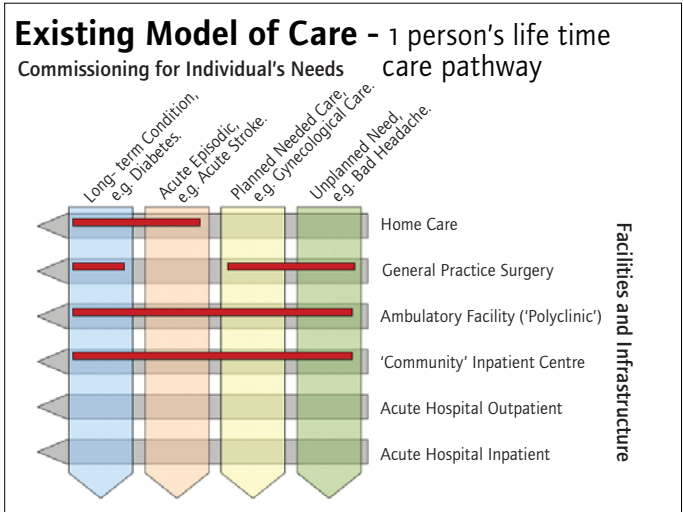
NHS Barnet Commissioning Team

Commissioning must take into account planned and unplanned services - i.e. long term diseases as well as short term illnesses. Bones will continue to be broken, and people will continue to live longer with diseases. Through understanding the health care needs of Barnet, the new facilities can be planned accordingly. Volumes of services data can be used to help determine what is needed where in the system.

While the individual should be involved in their own health care, we have currently been planning care pathways around diseases and then rotating the path 90 degrees to fit the existing facilities. This model is outdated, and now we need to make sure the patient is at the center. The patient care should then be supported by the facilities it needs. This is a new idea, and the will to change the facilities used has to be found.

The cost for acute care is considerably more than other methods of care delivery. We need to minimize the people who go into acute care. Bringing testing facilities into the community is a good way to save, while increasing the quality of care. Home care could possibly be developed as a way for long term diseases to be treated. Family can then take a lead in caring for their loved ones with assistance from NHS.

Preventative care and self-diagnosis is also a big factor in minimizing costs. Education in schools should help keep kids healthy. A call center could be started for people to call in for a consultation. People are already using the internet to perform self-diagnosis and to find out what their symptoms could mean, and the NHS should use that to our advantage. There could be a NHS web site which people can determine their illness, and it could be associated with the call center. Through working together the systems could support each other.



# Accessibility and Carbon Analysis

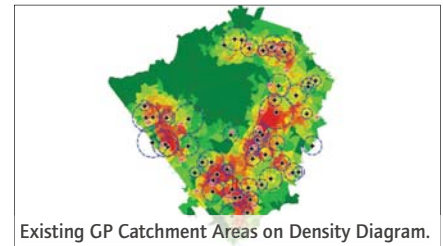
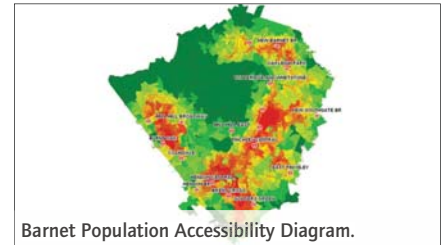
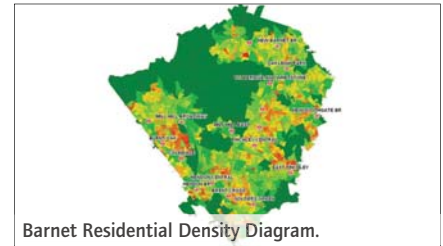
Noah Raford,

PFBE

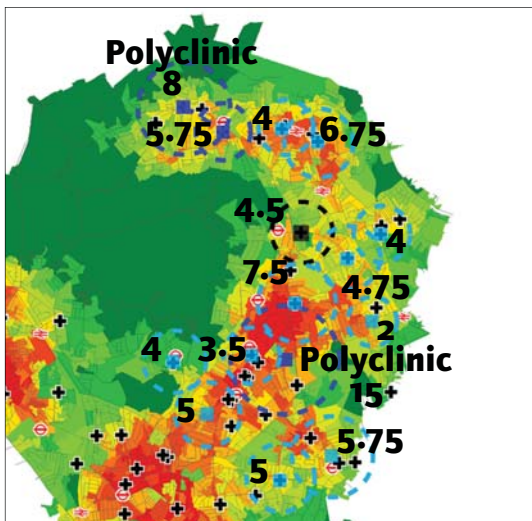
The location of new GPs as well as a polyclinic in each polysystem is important to minimize the travel time and carbon emissions for patients and staff. The existing locations give Barnet residents an average trip time of an 11.5 minute walk. Approximately 113.4 tonnes of CO<sub>2</sub> per annum is released from those who drive as 42% of the 7 Kings population are not located within a 10 minute walk from an existing clinic.

Residential data helps determine these numbers, and this can be illustrated as GP coverage based on list sizes and residential density. It can also be refined by proximity to important uses, such as schools, pharmacies, and public transportation. Layering this data on top of the existing GP locations begins to show where new clinics should be located. In this analysis one can see that there is a lack of services in a highly populated area. When this information is layered together, the different factors can be adjusted to determine where new facilities should ideally be located.

Once the possible locations are determined, catchment and trip calculations can be recalculated to track the impact from the changes. For example, moving GPs and creating a hub at each polysystem's hospital increases the tonnes of CO<sub>2</sub> per annum release by 90%, and this efficiency of services actually is detrimental to the carbon goals set by the government and NHS. However, depending on the make up of the polyclinics at each hospital, the efficiency of the current system could be maintained with GP locations in multiple locations rather than one.



## Barnet: Estate Options



### Group 1

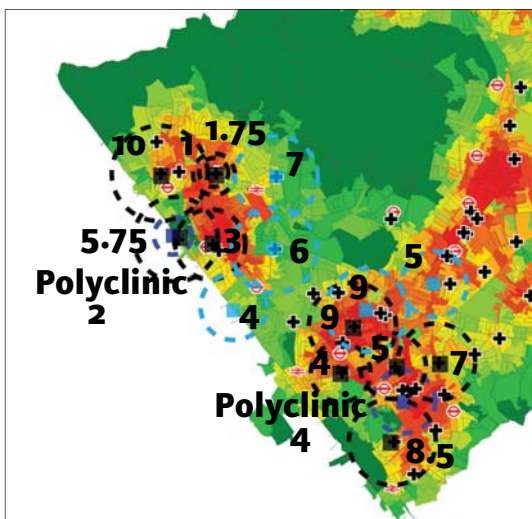
Group 1 looked at the Finchley and Vale Drive Polysystems. This proposal seeks to improve coverage in the area and balance the accessibility of people and facilities. The new GPs are added to existing clinics through out the system to improve coverage in the dense areas.

#### Pros

The pros for this option include: better access/ Darzi; relatively easy to implement; minimal change; and partnership working in new polyclinics.

#### Cons

The cons for this option include: increased reoccurring cost for estate; DDA maintenance for existing estate; and maintains poor estates of existing facilities.



### Group 2

Group 2 looked at the Edgware and Brent Cross Polysystems. This proposal seeks to create a mix between new facilities and existing. The new facilities are placed to cover the gaps in the existing system. The polyclinics could be planned to expand as needed.

#### Pros

The pros for this option include: wider access to GPs; increased geographical access; DDA access improved in new facilities; and partnership opportunities.

#### Cons

The cons for this option include: increased reoccurring cost for estate; DDA maintenance for existing estate; and maintains poor estates of existing facilities.