



**Bwrdd Iechyd Lleol**  
**Local Health Board**

Abertawe  
Swansea

## **SWANSEA LOCAL HEALTH BOARD**

**INTEGRATED ESTATE STRATEGY**

**PRIMARY CARE PREMISES DEVELOPMENT**

**PROJECT BRIEF**

**Name of Project: Clydach Health Centre**

## **BACKGROUND**

The Integrated Estates Strategy for Swansea Local Health Board (LHB), setting out the strategic direction for Primary Care premises for the next three years, was approved by the Welsh Assembly Government in September 2005.

It is recognised that the development and maintenance of the Primary Care estate is an important component to the planning and delivery of primary healthcare services for the population of Swansea. Future developments in Primary Care estate must integrate fully with the over-arching healthcare framework for Wales and help to support the delivery of healthcare as outlined in "Improving Health in Wales (2003), Health, Social Care and Well Being Strategy for Swansea (HSCWB) and "Design for Life". The results of changes to the contractual arrangements for General Medical Services (GMS) together with new contracts for Pharmacists and Dentists, are also critical to the development of a robust service framework for primary care.

## **STRATEGIC AIMS**

New build or major improvement schemes, should address the strategic objectives set out within the LHB Integrated Estate Strategy for Primary Care in Swansea (September 2005). For the purposes of this brief, the LHB will assess applications against the following strategic objectives highlighted within the LHB Estates Strategy:

- **Improved access to services** – facilitate the treatment of more patients closer to home, improve access to community staff. Ensure compliance with statutory legislation e.g. Disability Discrimination Act (DDA)
- **Ability to offer an extended range of services** – extend existing and introduce new and enhanced services to the patient population of the practice
- **Be able to sustain service delivery** – ensure the long term sustainability of new service models
- **Improve efficiency** – enable clinical and non-clinical staff to operate to maximum efficiency by provision of appropriate space
- **Develop integrated Services** – promote the development of new services by enabling the shift of traditional secondary care services into the primary care setting
- **Reduce health inequalities** – support the delivery of services linked to the particular health need within the locality reducing the inequalities in health and access to health care that are evident across Swansea

In addition, the development must be able to demonstrate value for money through co-location and efficient use of physical space and staff.

## **THE PRACTICE – CLYDACH HEALTH CENTRE**

General Medical Services (GMS) are currently being provided by Dr Bowen and Partners, practicing from Clydach Health Centre, Sybil Street, Clydach. The practice currently has 6 partners with a patient population of 10,844, covering, in the main, the villages of Clydach, Glais, Craig Cefn Parc and Trebanos. However there are a substantial number of patients living in Morriston, Pontardawe, Birchgrove, Ynysforgan and Velindre areas. The practice is the only provider of primary care services located within the village itself.

The practice is well established in the area and has been a training practice for the past 28 years. The practice delivers a number of enhanced services and a number of GPs have Special Interests. Current enhanced services include Minor Surgery, Near Patient Testing. The practice has a specialist interest in Dermatology, Rheumatology and Sports Medicine. In line with the training ethos of the practice, 2 GP Registrars, 1 Clinical Fellow and 4 medical students per month work in the Health Centre.

There are a range of ancillary staff employed in the practice (15 Clinical and 11 Ancillary Practice staff,) together with some 14 Trust staff who provide services from Clydach Health Centre. The single story flat roof Health Centre was constructed in the early 1970's. The building was originally intended to provide accommodation for one General Practitioner and a limited community healthcare service. The building has been extended twice but any further expansion is not viable in terms of the size and location of the plot.

Fundamentally the building is no longer fit for purpose with cramped waiting room, haphazard layout, lack of clinical rooms and treatment room facilities plus severe storage problems. This has led to a small fire breaking out, which, fortunately, occurred during the day but the Swansea NHS Trust Fire Officer has issued a report regarding his concerns over the safety of the building. Access to the building is also a cause for concern with a severe lack of parking space for staff and patients. Offsite parking on the surrounding residential roads causes considerable levels of nuisance to the locality.

## **VISION FOR THE FUTURE DEVELOPMENT OF SERVICES**

The LHB is developing its overarching framework for primary care, following the release of 'Design for Life'. This is being taken forward in the context of 'Reshaping Health Services' in Swansea.

The future shape of primary care will be driven by a desire to 'deliver safe care, as locally as possible'. This means:

- an expanded range of primary care services available to all communities

- care delivered efficiently through networks of practitioners working together.
- integrated, co-located services across the health and social care spectrum

The new facilities at Clydach will therefore need to accommodate an extended primary health care team:

- community services that serve the population at Clydach
- future growth to recognise that primary care will change and develop over the next 10 – 15 years as it has since 1990
- flexible space, so that accommodation can be changed to keep pace with developments in healthcare
- growth potential to locate new services that are planned.

Developments in medicine aligned to the training and expertise of General Practitioners has enabled the development of services, traditionally provided within a hospital setting, to now be transferred to the Primary Care Centre. The available expertise and commitment of the GPs of Clydach Health Centre, means that a number of services, currently curtailed due to the lack of space, can be extended or introduced at Clydach.

As well as GMS service delivery the partnership is able to offer the following practice based services:

- ✓ Rheumatology Clinic
- ✓ Dermatology Clinic
- ✓ Sports Medicine
- ✓ Minor Surgery

The practice is also highly motivated in respect of the training of General Practitioners for the future. Currently there are two accredited Training Partners, therefore consulting rooms for two GP Registrars is required. Involvement in the Clinical Fellowship Scheme organised by University of Wales College of Medicine, School of Postgraduate Studies in General Practice, requires that the mentorship and education of students necessitates the availability of larger than normal consulting rooms for those GP involved in tutorship.

## **PARTNERS IN HEALTHCARE**

Swansea NHS Trust currently provide a considerable number of community based clinics. The Health Centre also acts as the administrative base for both Health Visiting and District Nursing Teams.

Current and planned service provision is attached at Appendix A.

## **THE DEVELOPMENT**

- **The Developer** - In order to facilitate the provision of the services outlined in Appendix A and to consolidate it's commitment to the patient population of Clydach and the surrounding area, Swansea Local Health Board is seeking to appoint a Primary Care Developer capable of providing an innovative approach to the accommodation necessary for the delivery of primary healthcare services. The appointed Developer will need to be able to demonstrate financial viability and a proven track record for the building and on-going maintenance of Primary Care Premises.

Space for an attached Pharmacy should also be included in the overall development which will be subject to the usual negotiations between the appointed Developer and the eventual Pharmacy of choice. Space for car parking, to include disabled parking, will need to be incorporated in the plan.

- **The Site** – Working closely with the Corporate Property Division of the City and County of Swansea, a site, currently owned by the Local Authority, has been identified as the site of choice for the development. The site is located east of Sybil Street and situated between Vardre Street and High Street, and is bound by two public car parks and a mixture of community buildings. The site is also adjacent to established public transport links. Negotiations for the purchase of the site is the sole responsibility of the appointed Developer, although the LHB will wish to keep apprised of progress and eventual outcome.
- **Accommodation Schedule** – Attached at Appendix B, is a suggested accommodation schedule for the completed development. Whilst the accommodation outlined in the schedule has been based on discussions with the Practice, Welsh Health Estates and Swansea NHS Trust, it should not be regarded as a definitive list but used only as a guide and indicator as to the type of accommodation required for the continued NHS investment to the project.

## **SELECTION OF PREFERRED DEVELOPER**

In order to facilitate the decision regarding the appointment of a Preferred Developer, Swansea Local Health Board request that you provide the following information with your submission:

1. Company Profile, Capability Statement and appropriate accounts.
2. Information on recent developments undertaken by your Company, particularly in Wales.
3. Outline of your initial proposals as to how your organisation would take this brief forward. Detailed proposals would not be expected at this stage and should be reserved for presentation by short-listed candidates

## **TIMETABLE**

Initial proposals should be forwarded to the LHB by 22<sup>nd</sup> February 2006.

Shortlisting will be completed by 27<sup>th</sup> February 2006

Interviews will be held on 9<sup>th</sup> March 2006 (Timings and venue will be confirmed at a later date).

For further information, please contact  
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## APPENDIX A

### Current and planned service provision

Service	Current Availability	Current Volume	Planned Availability	Patient %age increase
Advanced Access Surgery	Every Morning	18 patients per GP/Registrar	Each morning	40%
Appointment GP surgery	4 sessions per week	17 patients per GP/Registrar	Each Afternoon	30%
Practice Nurse Surgery	5 morning & 4 afternoon sessions	19 patients per PN	10 sessions per week	40%
Healthcare Support Worker	2 morning and 1 afternoon	18 patients per HCSW	4 sessions per week	25%
Diabetic Clinic	1 session per week	17 patients per session	2 sessions per week	50%
Asthma Clinic	1 session per week	14 patients	2 sessions per week	50%
CHD Clinic	1 session per week	12 patients	2 sessions	50%
Minor Surgery	6 sessions per week	12 patients	9 sessions	35%
Phlebotomy	3 sessions per week	83 patients	5 sessions	40%
Maternity Services	2 sessions per week	24 patients	2 sessions per week	
Cytology Clinic	2 sessions per week	14 patients	2 sessions per week	
Acupuncture Clinic	1 session per week	5 patients	1 sessions per week	
Rheumatology Clinic	1 Session per week	6 patients	2 sessions per week	50%
Dermatology Clinic	1 session per week	17 patients	1 session (increase number of patients)	30%
<b>Planned Services</b>				
COPD Clinic			1 session (12 patients)	100%
Hypertension			1 session (12 patients)	100%
Smoking Cessation			1 session (8 patients)	100%

### Trust Led Service Provision

Service	Current Availability	Current Volume	Planned Availability	Patient %age increase
Child Health Surveillance	1 Session	8-10 patients per week	1 Session	
Child Immunisation Clinics	1 Session per week	15-20 patients per week	1 Session	
Dietetic Clinic	2 sessions per month	30-34 patients per month	2 sessions per month	
CPN Clinic	1 session per week	4 patients per week	1 session (increase dependent on requirement)	
Welfare Food Sales	1 Session per week		1 Session	
Podiatry	2 sessions per month	34 patients per month		
<b>Planned Services</b>				
Podiatry Suite	Re-organisation of current provision			
District Nursing Wound Clinics	Re-organisation of current provision			
Midwifery Team Base	Re-organisation of current provision			

## APPENDIX B

### Accommodation Schedule

Room Type	Number	Size	Total m2
GP Consulting	5	15	75
GP Consulting (Trainer)	2	19	38
Registrar	2	15	30
Nurse Consulting Room	2	15	30
Nurse Treatment	2	18	36
Nurse Treatment (minor Ops)	2	20	40
Sluice	2	9	18
Specimen WC	1	1	4.5
Nurse Triage	1	9	9
Reception/Main Waiting Area and Lobby	1 ?sub waiting areas for Trust Services	95	95?
Administration/Records	1	36?	
Prescription Collection	1	12	24
Patient WC –(Male & Female)	2	13.5	27
Disabled Toilet/Baby Changing	2	4.5	9
Practice Manager	1	13	13
Assist. P.M./IT Manager	1	13	13
Medical Secretaries (2 sharing)	3	18	54
Admin/Data Input (3 sharing)	3	22	66
Meeting Room/Training Room	1	29	29
Small Meeting Room	1	15	15
Staff Room/Kitchen	1	29	29
Photocopying Room/Computer Server	1	35	35
Staff WC	2	2.5	5
Staff Cloakroom	1	13	13
Storage Room	2	4.5	9
Cleaners Room	1	13	13
Lift & Lift control room	1	Lift + 9	Lift + 9
<b>Total GMS</b>	<b>46</b>		<b>776 Approx</b>
Podiatry Suite (+ sub waiting)	1	75	75
Equipment Store	1	9	9
Office Base DN (space for 6)	1	35	35
Health Visitor Office Base (space for 9)	1	45	45

Midwifery Team Base	1	35	35
Baby Food Sales	1	9	9
Trust Admin staff office	1	9	9
Storage	2	4.5	9
<b>Total Trust</b>	<b>9</b>	<b>221.5</b>	<b>221.5</b>
<b>TOTAL DEVELOPMENT</b>			<b>Approx. 997 sq m</b>