

Estate of confusion?

As PCTs and SHAs begin to pack their chattels, and GP Consortia start to find their feet, natural focus will be on how new contracting/ funding/ staffing arrangements will work. *“What will we be doing for whom, with whom and how much will it all cost?”*

But businesses are made of three things – people, money and things. And the biggest most problematic “things” are the buildings.

The new non-hospital NHS is starting to come into focus, albeit slowly but, unless I have missed something, there has been no mention yet of a new model for estates management, planning, development, strategy and so on.

This is not surprising. The centre is still working out the “money” and “people” bits. Here are some thoughts to muse on when we do get around to the “big things” agenda.

There ought to sensibly be some kind of property management and development planning arrangement for ALL of the publicly owned/occupied/contracted estate in every sensible geographic area. A geographically based estate management system for health and social care would be a start.

The new non-hospital NHS is starting to come into focus,

The acute (soon all to be FT) trusts already have estates advisors/ designers; in-house and consultants – they are going to be struggling to keep their premises in shape with reduced budgets and often crumbling buildings and infrastructure.

PCT and SHA estates advisors will soon be out of a job and may migrate to the new GP consortia. But there the limitation lies – lots of consortia working in competition is not a recipe for strategic estates management across a sensibly sized patch.

“A sensibly sized patch” might be an old PCT area – and many of these are coterminous with local authorities – and there would seem to be a logic in having a ‘local patch’

strategic property function. I doubt that many of the GP consortia will be keen on FTs running their estate – but some might.

Goodness only knows what a patch based property management structure looks like but we certainly need this – otherwise it's chaos. In-house resources will need to be supplemented by external expertise for this to work well and we need rules of engagement around professionalism and not interfering with (or being interfered with) by the clinicians, politicians, managers or general troublemakers.

Estates management and planning is a crucial part of any large business and it needs to be fully integrated in business plans, conducted by skilled professionals and provide well designed – if possible excellent – facilities in which to conduct the core business.

But estates management and planning is meaningless at a micro level – it needs some macro dimension; and the old PCT areas would seem to be a good place to start the bidding.

About the author

Paul Mercer is Director of Tangram Architects who specialise in healthcare property design and developments. He was for several years Director of Estates Management at both Health Authority and acute Trust levels and stood down in 2009 after 10 years as Secretary of Architects for Health. Paul is also a CABE health enabler, member of the DH Estates Design Review Panel and also enables and design reviews for the Home Office for police and custodial developments.

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