

# Lifting spirits

## Chris Whitehouse, chair of LIFT LOBI, explains how LIFT projects are helping to inject new life into the NHS

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The White Paper, Our Health, Our Care Our Say, laid out a new role for general practice and primary care: delivering expanded patient-led services in the community and reducing the burden on the acute sector. PCTs were instructed to execute an ambitious shift of resources; to demonstrate how community provision can be reinforced for the 2008 Local Delivery Planning round. Yet, 10 years ago, almost half of GP surgeries were in either adapted residential buildings or converted shops; hardly a network of modern, super surgeries fit for their 21st Century role.

However, since 2000 more than £800m of private sector investment has been ploughed into primary care facilities through LIFT. It is expected that this total will exceed £1bn by 2010; a level of investment unprecedented in the history of the NHS. The initial investments were aimed at the most deprived communities where alternative forms of procurement had failed to deliver. On average, a new LIFT building is opening its doors to patients in these areas each and every week of this year. After decades of under investment, primary care is benefiting from more than just a sticking plaster approach.

### Value for money

Unlike PFI deals, LIFT schemes are based on the local LIFTCo owning and maintaining the new premises and leasing space to PCTs, General Practitioners (GPs) and other social care or voluntary sector tenants. LIFT is therefore a meaningful local partnership that binds investment and skills from both the public and private sectors, setting it apart from larger PFI deals that have been in the media crosshairs lately.

Last month, a Public Accounts Committee report was released based on the National Audit Office's paper delivered in 2005. The NAO itself gave LIFT a good bill of health, finding that "at the national level LIFT is an attractive way of securing improvements in primary and social care. The local LIFT schemes...appear to be effective and offer value for money."

The Committee's report also had much to say that was complimentary, concluding that LIFT is often the most effective option for investing in new primary care facilities. They also found that LIFT offered better quality, more spacious facilities with far greater scope for service provision.

But with a rash of negative NHS stories already in circulation, it was the Committee's comment that the DoH had not yet developed a way of evaluating LIFT and that it was not possible to assess whether the programme offered value for money which made the headlines.

Both the government and the private sector investors readily acknowledge that more does need to be done irrefutably and transparently to demonstrate the objective value for money delivered by LIFT. The private sector investors are working, in partnership with the Department, to develop a comprehensive

value for money tool with Ernst & Young, Imperial College and full stakeholder engagement. Uniquely, this tool will incorporate measurement of the significant health outcomes which LIFT helps to achieve in the local area, for example by co-designing the service solutions with the PCTs, attracting specialist staff who require high quality facilities or reducing the burden on the acute estate.

The Public Accounts Committee also referenced figures from one East London borough, suggesting that the cost per patient for LIFT facilities was several times higher than for non-LIFT facilities in the area. But East London was chosen as one of the first areas for NHS LIFT in February 2001, because of the challenges local primary care services had previously found in attracting significant investment. The area – one of the most deprived in the country – was also identified as having a high number of sub-standard primary care premises. The cost comparison therefore sets these out-of-date premises against a modern, purpose-built health centre offering facilities for three GP practices, a dental suite, crèche area, diagnostics suite, counselling and speech therapy rooms, pharmacy and more.

In East London, LIFT has delivered a huge boost to local healthcare which piecemeal upgrades could never have achieved; and it has also delivered modern, fit-for-purpose working environments for the healthcare professionals and their support team. This focussed approach for targeting health needs for priority investment will result in the short term with a local solution to immediate health needs and in the longer term with a noticeable improvement in health care across an entire community.

### Central role

Risk allocation is central to the value for money of a procurement model and the flow down of risk must also be taken into account when making such comparisons. Unlike other forms of procurement, all LIFT buildings include complete facilities and lifecycle management for the full 25 year lease with risk flowing down to the LIFTCo's facilities management provider. The LIFTCo also bears a range of risks including cost of overrun, vandalism and change of law – shielding the health service from such unpredictable costs.

Six years after it began, the LIFT programme is gaining new impetus with the launch of the new community hospitals programme. In July, the government announced £750m of public capital would be provided to kick start investment in a new generation of community hospitals. To access this pool of capital, proposals for investment will need to demonstrate community stakeholder involvement, co-location and integration of services and re-design of patient pathways. With LIFT's proven record of success in these areas, it is identified by the Department as one of three preferred business models for the delivery of community hospitals alongside public ownership and a new community venture approach which offers opportunities for existing LIFTCos to expand into service delivery.

The initial wave of community hospital proposals from PCTs will be landing on DoH desks before October. If the programme can harness the innovative thinking, flexibility and tailored approaches which the private sector is already providing through LIFT the possibilities are considerable.

LIFT encourages new ways of working and its ability to bring this innovative input to local strategic planning has been welcomed. Under LIFT, the attitude is 'can do' and the question is invariably 'Why not?'. This fresh approach provides a vital

contribution to an NHS which must continue a process of fundamental reform; helping to drive new and innovative service delivery in primary care.

The NHS budget has doubled since 1997 and will have almost trebled to £92.6bn by 2007/8. But the effectiveness of this increase in funding is dependent on a demanding programme of reform.

The first Treasury documents to be published as part of the 2008 Comprehensive Spending Review, issued last month, show that the increase in public spending between 2000 and 2005 was the second highest of any OECD country. However, the public spending-GDP ratio will actually take a downward trend after 2008-09.

Embedding and extending reform is essential if the NHS is to manage this future decline in funding and to ensure that the investment made is not wasted.

With LIFT already playing this vital role in encouraging fresh-thinking and transforming health and social care in line with the White Paper, the mechanism continues to evolve. The Community Venture model establishes new ground for an expansion of the LIFT model into service delivery; a development many in the sector have been discussing for some time. The LIFTCo helps the PCTs and their stakeholders shape service solutions to meet a 21st Century primary and social care agenda for the community and puts in place a supply chain to plan, design, fund, construct and maintain buildings to support this agenda. The prospect of LIFTCo expanding to deliver innovative solutions to diagnostics, therapy, elective procedures and intermediate care will provide even greater benefit to the local health and social care community.

### Expansion and evolution

LIFT can become much more and there is real potential for an expansion of the model, and its unique benefits, into exciting new areas.

The White Paper laid out a vision of joined up services at the local level; primary care integrated with social care and joint commissioning between PCTs and local authorities. The reconfiguration of PCTs, bringing co-terminosity with local authorities, and a joint commissioning framework lay the foundations for this new approach. Some LIFT schemes already incorporate elements of social care and are proving that the mechanism is the ideal vehicle to drive forward local delivery of integrated primary and social care.

Earlier this month, as part of a series of lectures titled Our Nation's Future, the prime minister talked of the cost of chronic disease and obesity and outlined how he wanted the NHS of the future to be a far broader national health service focussed more on disease prevention than on curing ill health. Mr Blair suggested that unless significant lifestyle changes can be achieved, the capacity of the NHS to treat could not keep pace with the decline in the population's health.

Tackling public health issues head on, could see LIFT employed to deliver leisure centres, lidos or running tracks in partnership with LAs and even the local community itself. The health benefits of such facilities would be measurable and could be delivered as part of a strategic local plan.

Now is a time of enormous change for the NHS; reforms are underway which are essential to securing the future of a 60 year old organisation in the 21st Century. With its uniquely innovative and flexible approach, LIFT is playing a vital supporting role in this process. There are limitless possibilities; policy makers just need to adopt the LIFT approach and keep asking "Why Not?"